

AJ5856NP

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: OCT-24-1997
PAGE: A-49

RIGHT NUMBER: 37-10097

NAME & ADDRESS: CATHERINE STAPP
PO BOX 476
GOODING ID 83330

SOURCE: GROUNDWATER

QUANTITY: 0.08 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

PRIORITY DATE: 03/01/1976

POINT OF DIVERSION: T06S R15E S06 SWSNW Within GOODING County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.04 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: STOCKWATER Within GOODING County
T06S R15E S06 **SE NW** *on fish*

DOMESTIC Within GOODING County
T06S R15E S06 SENW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE
PARCEL NOS. RP06S15E064740A, RP06S15E0660000
STOCKWATER, 25 RANGE CATTLE

7-29-98

Claim proofread by: Uro
Date: 10.30

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A37-10097
Date Received: 6/08/1988
Receipt No: 5000461
Received By: Adm

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CATHERINE STAPP
Address: P.O. BOX 476
GOODING, ID 83330

208-837-6544

RECEIVED

2. Date of Priority: MAR 01, 1976

3. Source: GROUNDWATER

Trib. to:

JUN 13 1988

4. Point of Diversion:

Department of Water Resources
Southern Region Office

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
06S	15E	6	SW	SE	NW		GOODING

5. Description of diverting works:
WELL & PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		
STOCKWATER	01/01	12/31	0.040		

7. Total Quantity Appropriated is:
0.080 C.F.S. (and/or)

A.F.A.

8. Total consumptive use is

Acre Feet Per Annum.

9. Non-irrigation uses:

D/ 1 HOUSEHOLD S/ 25 RANGE CATTLE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
06S	15E	6	SE	NW		STOCK DOMEST	

A37-10097

Page 1

Date: 06/08/88

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FEB 24 1993

11. Place of use in counties: GOODING

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: BENEFICIAL USE
Water Right Number:

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Catherine J. Slapp

Date:

6-10-88

Date:

State of Idaho)

) SS.

County of Gooding)

Subscribed and sworn (or affirmed) before me this 10th day

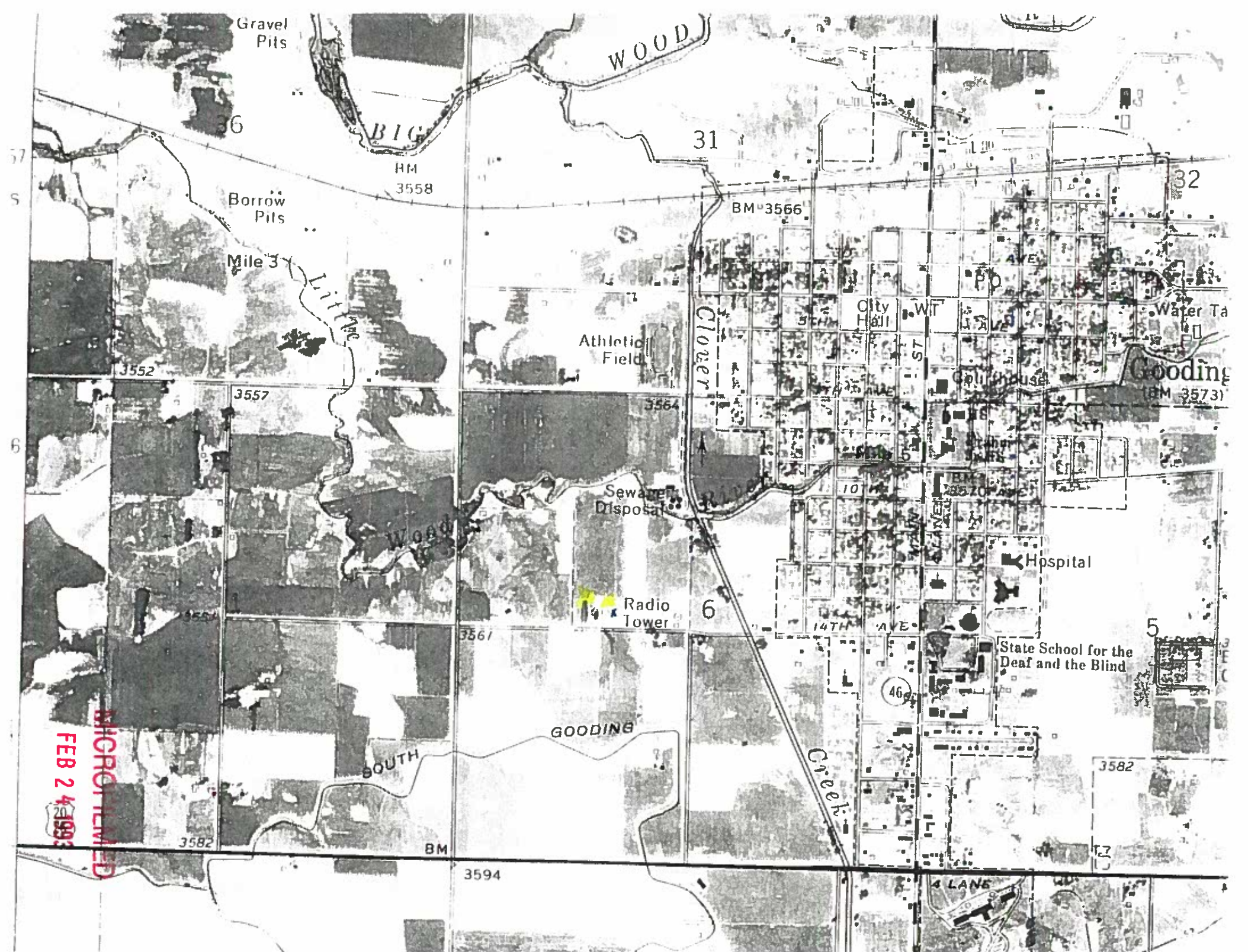
of June 19 88

Learna Lovell Clark
Notary Public

Seal

Residing at Hagerman

My Commission Expires 9-15-88



Gravel
Pits

Borrow
Pits

Mile 3

WOOD

BIG

BM
3558

31

BM 3566

32

Athletic
Field

3564

Sewage
Disposal

Radio
Tower

6

City Hall

City Jail

Police House

Water Ta

Gooding
(BM 3573)

Hospital

State School for the
Deaf and the Blind

GOODING

SOUTH

Clover
Creek

BM

3594

3582

4 LANE

FEB 24 1993

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JUN 3 1988

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSDepartment of Water Resources
Sawtooth Region OfficeIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER:

39576

Ident. Number

A37-10097

Date Received

Receipt Number

NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day. Filing fee \$25

Please type or print clearly

1. Name of Claimant (s) Catherine J. Stapp Phone (208) 837-6544Mailing Address P.O. 476 Zip 833302. Date of Priority (Only one (1) per claim) 1976 March 13. Source of water supply (a) Ground Water
which is tributary to (b) _____4. Location of point of diversion is: Township 6 S Range 15 E BMSection 6 SW 1/4 of NE 1/4 of NE 1/4, Govt. Lot _____, B.M.,County of Gooding

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well. 225ft Domestic

6. Water is claimed for the following: (Limited to Domestic and/or Stockwater only. See Instructions)

For Domestic purposes from 1-1 (Both dates are inclusive) to 12-31 amount 0.04 (cfs)For Stockwater purposes from 1-1 to 12-31 amount 0.047. Total quantity claimed 0.08 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served; Stockwater: Type and number of
livestock) 1 household 25 head Beef

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Copies: White-Stat, Yellow-Claimant

FEB 24 1993

10. Place a "D" for domestic and "S" for stockwater use in the corresponding place of use below.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4			
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4
6	15	6																
D					SW 1/4		NE 1/4				NE 1/4							
S					SW 1/4		NE 1/4				NE 1/4							

11. In which county (ies) are lands listed above as place of use located? Gooding

12. Do you own the property listed above as place of use? Yes ☒ No ☐
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (☒)

14. Remarks: _____

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice ☐ License ☐ Permit ☐
Decree _____

If applicable provide IDWR Water Right Number _____

Court _____ Case Number _____ Decree Date _____

Plaintiff vs Defendant _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do ☐ do not ☐ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Catherine J. Stapp Date 6-2-88
_____ Date _____

For Organizations: I do solemnly swear or affirm that I am owner Title _____

of _____, that I have signed the foregoing
Organization _____

document in the space below as _____ of _____
Title _____ Organization _____

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____

Title and Organization _____ Date _____

State of Idaho/or Idaho)
County of Gooding) SS.

Subscribed and sworn (or affirmed) before me this 2nd day of June 1988

SEAL

Notary Public Richard B. Strickland

Residing at Gooding Idaho

My Commission Expires Oct 9 1991

Last Name _____ Ident No. _____

Copies White-State, Yellow-Claimant

FEB 24 1993



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

06-Jun-1988 08:51

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JUN 8 1988

CATHERINE J. STAPP
P.O. Box 476
Gooding, Idaho 83330

Dept. of Water Resources
Southern Region Office

RE: Claim in SRBA

Dear Ms. Stapp:

As we discussed last Friday, please find enclosed a copy of an orthophoto quad map for your use. Please mark on the map the location of your well and place of use and return it to our office. Once I receive the map I will draft a corrected claim and send it to you for your signature. You will then need to return the signed claim to our office.

If I do not receive the map back within 10 days I will reject your original claim and return your check.

If you have any questions please feel free to contact our office.

Sincerely

Allen Merritt, P.E.
Water Rights Supervisor

Enc:

x marks location of well
yellow x marks places of use.

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FEB 24 1993



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

09-Jun-1988 08:06

CATHERINE J. STAPP
P.O. Box 476
Gooding, Idaho 83330

RE: Claim in SRBA

Dear Ms. Stapp:

As my June 6, 1988 letter indicated, please find enclosed a draft claim based on your earlier claim and the map you returned to me.

Please review the claim and if it is suitable please sign the claim before a notary and return it to me. Please note I am holding your check for \$25.00 which will cover the filing fee when you return the claim.

If you have any questions please feel free to contact our office.

Sincerely

A handwritten signature in cursive script, appearing to read 'Allen Merritt'.

Allen Merritt, P.E.
Water Rights Supervisor

Enc:

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FEB 24 1993
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IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT

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