

AJ5856NP

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

DATE: OCT-24-1997
PAGE: A-296

RIGHT NUMBER: 37-10542

NAME & ADDRESS: DON CHRISTIANSEN
SANDRA CHRISTIANSEN
PO BOX 1022
HAILEY ID 83333

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 07/14/1973

POINT OF DIVERSION: T02N R18E S36 SESWSE Within BLAINE County

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

PLACE OF USE: DOMESTIC Within BLAINE County
T02N R18E S36 SWSE

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
P/U LOT 3, MULDOON RANCH SUBDV.
110 BAY HORSE

comm
not available parcel #

7-29-98

Claim proofread by: UHS
Date: 11/03

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: A37-10542
Date Received: 7/12/1988
Receipt No: 5000 860
Received By: HR

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DON CHRISTIANSEN 208-788-2549
Address: BOX 1022
HAILEY, ID 83333
OR
Name: SANDRA CHRISTIANSEN
Address: HAILEY, ID 83333
2. Date of Priority: JUL 14, 1973
3. Source: GROUNDWATER Trib. to:
4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
02N	18E	36	NE	SW	SE		BLAINE
5. Description of diverting works:
6"X70' WELL WITH A 1/2 HP SUBM. 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		
7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
DOM/1

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
02N	18E	36	SW SE		DOMEST	

11. Place of use in counties: BLAINE

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

13. Other Water Rights Used:
NONE

14. Remarks:
LOCATION FURTHER DESCRIBED AS LOT 3 MULDOON RANCH SUB.

15. Basis of Claim: BENEFICIAL USE

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

Signature of Claimant(s): Dora Christiansen Date: 7-12-88
Andrea Christiansen Date: 7-12-88

State of Idaho)
County of Twin Falls) ss.

Subscribed and sworn (or affirmed) before me this 12th day

of July 19 88

Mary A. Baldwin
Notary Public

Seal

Residing at Leading Id
My Commission Expires 10/16/1992

SRBA CLAIM REVIEW ANALYSIS SHEET (D & S CLAIMS)

ITEM NO.		CHANGED ?	
		YES	NO
1.	<u>Christiansen</u> () - ()	()	(X)
2.		()	()
3.	(X) GROUNDWATER OR <u>3B.</u>	()	(X)
4.	T <u>2N</u> R <u>18E</u> SEC <u>36</u> , <u>SE</u> ~~NE~~ $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, LOT <u> </u> CO. <u>Blaine</u>	(X)	()
5.		()	()
6.		()	()
7.		()	()
8.	<u>D/I House</u>	()	(X)
9.	T <u>2N</u> R <u>18E</u> SEC <u>36</u> , <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, LOT <u> </u> USE <u>Dom.</u>	()	(X)
10.	T <u> </u> R <u> </u> SEC <u> </u> , <u> </u> $\frac{1}{4}$ <u> </u> $\frac{1}{4}$, LOT <u> </u> USE <u> </u>	()	()
11.		()	()
12.		()	()
13.		()	()
14.	<u>110 or 770 Bay Horse</u>	(X)	()
15.		()	()

FIELD INSPECTED BY A. Kenneth Dunn DATE 5/19/1990

COMMENTS:

Checked w/ Dunn re: address - 110 is correctDWR REVIEW AND DATA BASE MODIFICATION BY DATE 5/15/1990MICROFILMED
"e"
FEB 25 1993

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. A37 10542

1. Owner: Don Christensen Phone No. 208 788 2549

Current Address: Box 1022 Bellevue

2. Accompanied by: _____ EXAM. DATE: 5-19-90

Address: _____ Phone No. _____

Relationship to Permit Holder: _____

3. Source: Groundwater tributary to _____

B. OVERLAP REVIEW

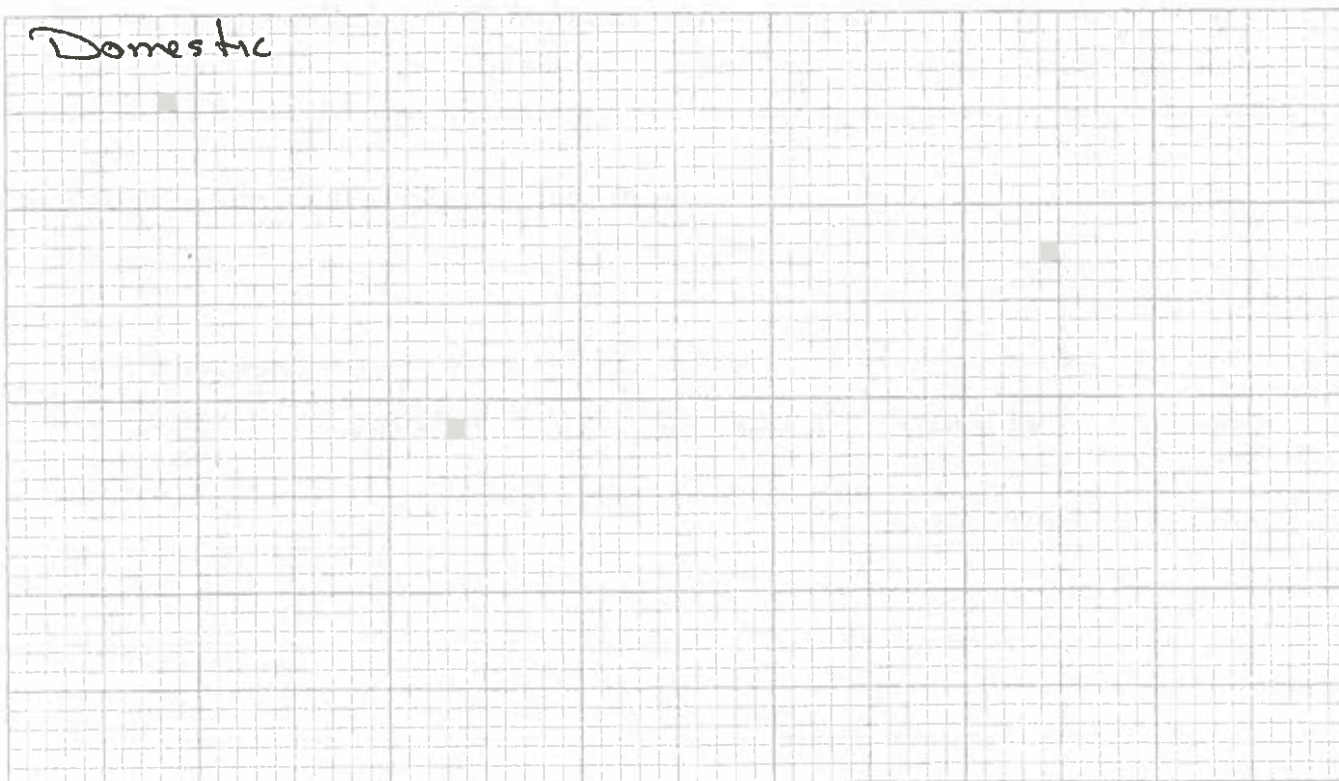
1. Other water rights with same place of use: _____
_____ ☐ Copies Attached

2. Other water rights with same point of diversion: _____
_____ ☐ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached

Domestic



Scale: 1" = _____.

2. ☐ Copy of U.S.G.S. Quadrangle Attached
Showing location(s) of point(s) of diversion and
place(s) of use (required).

☒ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater).

☐ Aerial Photo Attached
(required for irrigation of 10 acres or more).

MICROFILMED
FEB 25 1993

System Description (continued)

3. Narrative: Description (As operating at time of measurement. Indicate pressure, number of sprinklers, etc.)

☐ See Remarks on page 4 for continuation

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
Submersible					

*Code to correspond with No. on map and aerial photo

5. Point(s) of Diversion:

Ident. No.	Gov't. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
		SE	SW	SE	36	2N	18E	Blaine	Lot 3 Muldoon Ranch 170 Bay Horse

6. Place(s) of Use:

Indicate Method of Determination

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
2N	18E	36															X		

Do not use this space

D. FLOW

1.

Me	Calib. Date

2. Meas

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

2. Alternate Method for Checking Purposes:

F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: _____ psi x 2.31 = _____ ft (1); Dynamic pumping level: _____ ft (2)

Total Head: (1) + (2) = _____ (3)

: Flow rate: _____ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = _____ (5)

Meter Input KW: 3.6 x _____ KH x _____ CTR or _____ MULT x _____ PTR x _____ N/ _____ T = _____ (6)

Meter Input HP: (6) x 1.34 = _____ (7)

Panel Input KW: _____ Ave PF x _____ Ave Volts x _____ Ave Amps x .001732 = _____ (6)

Panel Input HP: (6) x 1.34 = _____ (7) Efficiency: (5)/(7) x 100 = _____ %

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$ _____

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$ _____

2. Volume Calculations for Other Uses:

MICROFIL MED

H. REMARKS AND OVERLAP REVIEW ANALYSIS

RECEIVED

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals:				_____

2. Recommended Amendments

- ☒ Change P.D. as reflected above ☐ Add P.D. as reflected above
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above

J. AUTHENTICATION

Field Examiner's Name _____
Signature *K. T. [Signature]*
Certification Date 5-20-90
Field Report Preparation Date _____



K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.