

AJ5856NP

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

DATE: OCT-24-1997  
PAGE: A-774

RIGHT NUMBER: 37-11366

NAME & ADDRESS: CAROLYN THRESHER  
650 JUAN CRESPI LN  
SANTA BARBARA CA 93108

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 01/01/1945

POINT OF DIVERSION: T01S R19E S24 NWSW Within BLAINE County

| PURPOSE AND<br>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  
T01S R19E S24 NWSW

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 NO. RP01S190241630A

D  
7-29-98

Claim prepared by: KT

Date: 11-04

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: A37-11366  
Date Received: 9/20/1988  
Receipt No: 5002335  
Received By: AD~

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: CAROLYN THRESHER  
Address: 650 JUAN CRESPI LANE  
SANTA BARBARA, CA 93108  
805-969-2337

2. Date of Priority: JAN 01, 1945

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County |
|----------|-------|---------|--------|--------|-----|-----|--------|
| 01S      | 19E   | 24      | NW     | SW     |     |     | BLAINE |

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 |      |        |

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:  
D/ 1 HOUSEHOLD

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use    | Acres |
|----------|-------|---------|--------|-----|-----|--------|-------|
| 01S      | 19E   | 24      | NW     | SW  |     | DOMEST |       |

11. Place of use in counties: BLAINE

A37-11366

Page 1

Date: 09/20/88

MICROFILMED  
FEB 25 1993

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

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): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

State of Idaho )  
County of \_\_\_\_\_ ) SS.

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Seal

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

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

A37-11366

Date Received

Receipt Number

5002335 Apr

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

RECEIVED

AUG 23 1988

Department of Water Resources  
Southern Region Office

Please type or print clearly

1. Name of Claimant (s) CAROLYN THRESHER Phone (805) 969-2337Mailing Address 650 Juan Crespi Lane Santa Barbara, CA Zip 931082. Date of Priority (Only one (1) per claim) JAN. 1 19453. Source of water supply (a) groundwater  
which is tributary to (b) SEE 24. Location of point of diversion is: Township 1S Range 19ESection 24, NW 1/4 of SW 1/4 of 1/4, Govt. Lot \_\_\_\_\_, B.M.,County of BLAINE

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.WELL and PUMP

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

For Domestic purposes from Jan. 1<sup>st</sup> (Both dates are inclusive) to Dec. 31<sup>st</sup> amount .04 cfs (cfs)

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total quantity claimed .04 (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 HOMEMICROFILMED  
FEB 25 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 |
| 15  | 19E | 24  |        |       |       |       |        |       |       |       |        | D     |       |       |        |       |       |       |
|     |     |     |        |       |       |       |        |       |       |       |        |       |       |       |        |       |       |       |

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

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.  
none 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 1

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

Signature of Claimant (s) Carolyn D. Freshour Date Aug. 23, 1988  
\_\_\_\_\_  
Date \_\_\_\_\_

For Organizations: I do solemnly swear or affirm that I am \_\_\_\_\_ 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 \_\_\_\_\_ )  
County of Twin Falls ) SS.

Subscribed and sworn (or affirmed) before me this 23rd day of August 19 88

SEAL

Notary Public Roxanne Stoney

Residing at Buhl, Id

My Commission Expires 6-30-94

Last Name \_\_\_\_\_ Ident No. \_\_\_\_\_

Copies White-State, Yellow-Claimant

# CONSOLIDATED TAX NOTICE AND RECEIPT

BLAINE COUNTY TAX COLLECTOR

HAILEY, IDAHO 83333

1987

REAL PROPERTY

| MARKET VALUE | TAX CODE AREA | PARCEL NUMBER   | BILL NUMBER |
|--------------|---------------|-----------------|-------------|
| 20,011       | 75-00         | RP015190241630A | 13578       |

(FR NWSW TL 3142, SEC 24)  
1S 19E

L 20,000

I 8,011

GRETA STOLZLECHNER  
FREDERICK TEREN

AC 5,000 THRESHER, CAROLYN ETAL \*

650 JUAN CRESPI LANE

SANTA BARBARA, CA 93108

DELINQUENT CERT.

TAXING DISTRICT

RATE

AMOUNT

RECEIPT

STATE

COUNTY

RECREATION

AMBULANCE

SCHOOL DIST #61

SCHOOL OVERRIDE

PICADO CEM

RURAL FIRE

.001869

.000145

.000400

.004220

.001156

.000055

.000664

52.36

4.06

11.20

118.22

32.38

1.54

10.60

FULL PAYMENT

TAX 238.36

PEN.

SUB TOT.

INT.

TOT.

1ST INSTALLMENT

TAX 119.18

PEN.

SUB TOT.

INT.

TOT.

2ND INSTALLMENT

TAX 119.18

PEN.

SUB TOT.

INT.

TOT.

TOTAL

.008509

238.36

PLEASE DIRECT TAX QUESTIONS TO TREASURER'S OFFICE  
788-4100. RETURN TAX STUBS WITH YOUR PAYMENT

\*COPY\*

\*COPY\*

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH YOUR PAYMENT

REAL PROPERTY 1987 RP015190241630A

THRESHER, CAROLYN ETAL \*

650 JUAN CRESPI LANE

13578

\*COPY\*

| SPECIAL CODE | TAX | CODE | AREA | TAX    | 2ND INSTALLMENT |
|--------------|-----|------|------|--------|-----------------|
|              |     |      |      | 119.18 | 119.18          |
|              |     |      |      |        | 75-00           |
|              |     |      |      |        | PEN.            |
|              |     |      |      |        | SUB TOT.        |
|              |     |      |      |        | INT.            |
|              |     |      |      |        | TOT.            |

2nd

58

PERSONAL CHECKS SUBJECT TO BANK CLEARANCE  
MAKE CHECKS PAYABLE TO

MAIRILYN LANIER

BLAINE COUNTY TAX COLLECTOR

P.O. BOX 905

HAILEY, IDAHO 83333

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 1988

DATE PAID

CHECK #

PAID BY

CASH

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH YOUR PAYMENT

REAL PROPERTY 1987 RP015190241630A

THRESHER, CAROLYN ETAL \*

650 JUAN CRESPI LANE

13578

\*COPY\*

| SPECIAL CODE | TAX | CODE | AREA | TAX    | TOTAL TAX |
|--------------|-----|------|------|--------|-----------|
|              |     |      |      | 238.36 | 238.36    |
|              |     |      |      |        | 75-00     |
|              |     |      |      |        | PEN.      |
|              |     |      |      |        | SUB TOT.  |
|              |     |      |      |        | INT.      |
|              |     |      |      |        | TOT.      |

FULL

58

| SPECIAL CODE | TAX | CODE | AREA | TAX    | 1ST INSTALLMENT |
|--------------|-----|------|------|--------|-----------------|
|              |     |      |      | 119.18 | 119.18          |
|              |     |      |      |        | 75-00           |
|              |     |      |      |        | PEN.            |
|              |     |      |      |        | SUB TOT.        |
|              |     |      |      |        | INT.            |
|              |     |      |      |        | TOT.            |

1st

58

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 1987

DATE PAID

CHECK #

PAID BY

CASH

UA-2A  
8/87

MICROFILMED  
FEB 25 1993



PREFIX TRANSLATION: ADJUDICATION CLAIM

|           |                                          |             |
|-----------|------------------------------------------|-------------|
| + - - - - | ADJUDICATION RIGHTS DATES AND FLAGS AREA | - - - - - + |
|-----------|------------------------------------------|-------------|

RP01519024/630A

JAN 06 1992

ENTERED 12-22-93  
CHECKED 49947

VERIFIED  
FEB 20 1992

CERTIFIED  
MAR 25 1992  
WATER EXAMINER