

AJ5856NP

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

DATE: SEP-19-1997
PAGE: A-113

RIGHT NUMBER: 37-12050

NAME & ADDRESS: FERN MACKENZIE BICK
J KARL BICK
PO BOX 2502
SUN VALLEY ID 83353

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

PRIORITY DATE: 07/01/1973

POINT OF DIVERSION: T03N R18E S06 NENESE Within BLAINE County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC ~~BY 1 HOUSE~~ 1 home	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within BLAINE County
T03N R18E S06 NESE

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

(FILED APPLICATION FOR PERMIT TO EXPAND USE OF IRRIGATION RT.
718 N. 4TH)

comments

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

*n11
n13*

Exp Remark
(65 Gimut Rd)
per phone book
1960s legal
Blaine city map
page 1901

Verified by _____ Date: _____

Verification Source: _____

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: A37-12050
Date Received: 10/25/1988
Receipt No: S003235
Received By: JCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: FERN MACKENZIE BICK 208-726-4806
Address: P.O. BOX 2502
SUN VALLEY, ID 83353
OR
Name: J. KARL BICK 208-726-4806
Address: P.O. BOX 2502
SUN VALLEY, ID 83353
2. Date of Priority: JUL 01, 1973
3. Source: GROUNDWATER Trib. to:
4. Point of Diversion:
- | Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County |
|----------|-------|---------|--------|--------|--------|-----|--------|
| 03N | 18E | 6 | NE | NE | SE | | BLAINE |
5. Description of diverting works:
WELL AND 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 HOUSE

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
03N	18E	6	NE 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:
SEE REMARKS

14. Remarks:
FILED APPLICATION FOR PERMIT TO EXPAND USE OF IRRIGATION RT.

15. Basis of Claim: BENEFICIAL USE

MICROFILMED
FEB 26 1993

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

A37-12050

Date Received

Receipt Number

5003235

Scu

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 FERN MACKENZIE BICK

1. Name of Claimant (s) Mr./Mrs. J. KARL BICK Phone (208) 726-4806

Mailing Address P.O. Box 2502 SUN VALLEY, ID Zip 83353

2. Date of Priority (Only one (1) per claim) JULY 1, 1973

3. Source of water supply (a) GROUNDWATER
which is tributary to (b)

4. Location of point of diversion is: Township 3N Range 18E

Section 6, NE 1/4 of NE 1/4 of SE 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. PUMP & WELL; 1 1/2 HP
X 6" X 100' (est)

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

For DOMESTIC purposes from JAN 1 to DEC 31 amount .04 (cfs)
(Both dates are inclusive)

For purposes from to amount

7. Total quantity claimed .04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served; Stockwater: Type and number of
livestock) ONE HOUSEHOLD; .5 acre lawn

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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
3N	18E	6													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 X 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.

PENDING EXPANSION OF PLACE OF USE or None ()
14. Remarks: LAWN AREA INCREASED ONE ACRE IN 1986; APPLICATION FOR EXPANSION FILED SIMULTANEOUSLY HEREWITH.

15. Basis of Claim (check one) Beneficial Use X 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 X do not wish to receive and pay a small annual fee for monthly copies of the docket sheet.
Number of attachments 1 (MAP)

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

Signature of Claimant (s) Jern Montezuma Bick Date 10/22/88
Date

For Organizations: I do solemnly swear or affirm that I am Title
of Organization , that I have signed the foregoing
document in the space below as of 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 BLAINE) SS.

Subscribed and sworn (or affirmed) before me this 22d day of OCTOBER 1988

SEAL

Notary Public Brian J. Bull

Residing at BLAINE COUNTY

Last Name BICK Ident No. A37-12050 My Commission Expires 12/12/93
Copies 6 of 6 Claimant

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LEARN DEPARTMENT TO HOLD IN
SOUND CIVILIAN MINDSET IN ORDER
TO PROTECT

...and the ...

0 - - - - Stoneford.

NE

WELL

LINE

RIDGE

1802

NE

SE

COUNTY ENGINEER'S CERTIFICATE

[illegible]

Case	Age	Sex	Height	Weight	Temp.	Pulse	Respiration	Blood Pressure	Diagnosis	Prognosis	Treatment	Result
1	25	M	5' 8"	160	98.6	72	18	120/80	Acute	Good	Rest, diet	Recovered
2	30	F	5' 4"	120	98.4	68	16	110/70	Chronic	Fair	Medication	Improved
3	40	M	6' 0"	180	98.8	78	20	130/90	Acute	Poor	Medication	Deceased
4	50	F	5' 6"	140	98.2	65	15	100/60	Chronic	Good	Rest, diet	Recovered
5	60	M	5' 2"	110	98.0	60	14	90/50	Chronic	Fair	Medication	Improved
6	70	F	4' 10"	90	97.8	58	12	80/40	Chronic	Poor	Medication	Deceased
7	80	M	5' 10"	170	98.5	75	19	125/85	Acute	Good	Rest, diet	Recovered
8	90	F	5' 3"	130	98.1	70	17	115/75	Chronic	Fair	Medication	Improved
9	100	M	5' 7"	150	98.3	73	18	118/78	Chronic	Poor	Medication	Deceased
10	110	F	5' 1"	100	97.9	62	13	95/55	Chronic	Good	Rest, diet	Recovered

CURVE DATA



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17-0000
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3N, 18E, 5Etc
NE¹⁴ NE¹⁴ SE¹⁴

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