

AJ5856NP

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

DATE: SEP-19-1997

PAGE: A-154

RIGHT NUMBER: 37-12233

NAME & ADDRESS: EDWARD R OLIVER
MRS EDWARD R OLIVER
PO BOX 3215
KETCHUM ID 83340

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

PRIORITY DATE: 09/15/1986

POINT OF DIVERSION: T03N R18E S08 SWNW Within BLAINE County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC (D/ONE HOUSEHOLD 1 home)	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within BLAINE County
T03N R18E S08 SWNW

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

~~NONE~~

✓ 2/10/99

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

n11
n13

1659-H000045001A
4386-2W
5350-4W

Blaine County map
903
Dil

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: A37-12233
Date Received: 8/30/1988
Receipt No: M002065
Received By: LW

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: EDWARD R. OLIVER 208-726-9071
Address: PO BOX 3215
KETCHUM, ID 83340

AND/OR

Name: MRS. EDWARD R. OLIVER 208-726-9071
Address: PO BOX 3215
KETCHUM, ID 83340

2. Date of Priority: SEP 15, 1986

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03N	18E	8	SW	NW			BLAINE

5. Description of diverting works:
WELL & PUMP, SWL 30', DEPTH 97'

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/ONE HOUSEHOLD

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
03N	18E	8	SW NW		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:
NONE

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

37-12233

Date Received

Receipt Number

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

AUG 30 1988

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

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

Department of Water Resources
Southern Region Office

Please type or print clearly

1. Name of Claimant (s) Mr. & Mrs. Edward R. Oliver Phone (208) 726-9071Mailing Address P.O. Box 3215 - Ketchum, Id Zip 833402. Date of Priority (Only one (1) per claim) slate - Well completed 9/15/863. Source of water supply (a) Well - Ground water
which is tributary to (b) Big Lost River4. Location of point of diversion is: Township 3 North Range 18 EastSection South, West 1/4 of NW 1/4 of Sec. #8 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 pump Static Level 30 ft
depth 97 ft.

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

For Domestic purposes from June 1 to December 31 amount .04 cfs
(Both dates are inclusive) (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) one household / 0

10. Place a "D" for domestic and "C" 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
Ketchikan	18E	8																

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.
or None (X)

14. Remarks: None

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 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) Edward R. Oliver Date 8/30/88 ^{ERO}
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 Title 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 Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 30th day of August 19 88

Notary Public Roxanne Storey

Residing at Buhl, Id

My Commission Expires 6-30-94

Last Name Ident No. Copies White-State, Yellow-Claimant

MICROFILMED
FEB 26 1993

SEAL