

AJ5856NP

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

DATE: OCT-24-1997
PAGE: A-1410

RIGHT NUMBER: 37-12650

NAME & ADDRESS: CRAIG ALAN SINKINSON
MARILEE J KURACINA
PO BOX 659
HAGERMAN ID 83332

SOURCE: GROUNDWATER

QUANTITY: 0.02 CFS

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

PRIORITY DATE: 12/31/1978

POINT OF DIVERSION: T06S R13E S27 NWSW Within GOODING County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 1 HOME, INDOOR-SWIMMING P	01-01 12-31	0.02 CFS

PLACE OF USE: DOMESTIC Within GOODING County
T06S R13E S27 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. RP06S13E275587A

D-7-29-98

Claim proofread by: WV
Date: 11/03

DATA ENTERED BY vw
DATE 7/26/89

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: A37-12650
Date Received: 8/15/1988
Receipt No: C004046
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CRAIG ALAN SINKINSON 208-837-6419
Address: P.O. BOX 659
HAGERMAN, ID 83332

OR
Name: MARILEE J. KURACINA 208-837-6419
Address: P.O. BOX 659
HAGERMAN, ID 83332

2. Date of Priority: DEC 31, 1978

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
06S	13E	27	NW		SW		GOODING

5. Description of diverting works:
300'X12" WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.020		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 HOUSE & INDOOR SWIMMING POOL

A37-12650

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Date: 07/25/89

MICROFILMED

FEB 26 1993

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
06S	13E	27	NW SW		DOMEST	

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

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 _____

SP

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

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A37-12650

8-15-88

C004046

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

AUG 15 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) SINKINSON, CRAIG ALAN KURACINA, MARILEE J. Phone (208) 837-6419

Mailing Address P.O. Box 659, Hagerman ID Zip 83332

2. Date of Priority (Only one (1) per claim) 1978

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

4. Location of point of diversion is: Township 6S Range 13 E.B.M.

Section 27, NW 1/4 of SW 1/4 of _____ 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. _____

300' deep well, 12" casing

6. Water is claimed for the following: (Limited to Domestic and/or Stockwater only. See Instructions)
(Both dates are inclusive) _____ (cfs)

For DOMESTIC purposes from Jan. 1 to December 31 amount .02

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .02 (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 with Indoor Swimming Pool

MICROFILMED

FEB 26 1993

Copies: White-State, Yellow-Claimant

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
6S	13E	27										D						

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 XXX 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 (XX)

14. Remarks: WATER RIGHTS FOR OTHER PURPOSES FILED SEPARATELY

15. Basis of Claim (check one) Beneficial Use XXX 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) Craig Allen Sullivan, MD. Date 8/9/88

Mandee J. Kuracina MD Date 8/9/88

For Organizations: I do solemnly swear or affirm that I am

of Title
Organization , that I have signed the foregoing

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 Gooding) SS.

Subscribed and sworn (or affirmed) before me this 9th day of August 19 88

SEAL

Notary Public Debbie Wokosin

Residing at Gooding

My Commission Expires 10/91

Last Name SINKINSON Ident No. KURACINA

MICROFILMED
FEB 20 1993
Copies White-Black, Yellow-Claimant

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT

NOV 28 1996

12/01/31 02:02:06
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CERTIFIED
JUN 15 1992
WATER EXAMINER