

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1301 North Orchard Street, P.O. Box 83720
Boise, Idaho 83720-0098

ADDRESS SERVICE
REQUESTED

PRESORTED
FIRST CLASS



IMPORTANT WATER RIGHT INFORMATION

37-12728
TED K UHRIG
PO BOX 565
BELLEVUE ID 83313

- 
- ☐ MOVED, LEFT NO ADDRESS
 - ☐ NOT DELIVERABLE AS ADDRESSED
 - ☐ UNABLE TO FORWARD
 - ☐ ATTEMPTED - NOT KNOWN
 - ☐ UNCLAIMED ☐ REFUSED
 - ☐ NO SUCH STREET - NUMBER _____
 - ☐ DO NOT RE-MAIL IN THIS ENVELOPE
 - ☐ INSUFFICIENT ADDRESS
 - ☐ NO MAIL RECEIPTABLE
 - ☐ BOX CLOSED NO ORDER

RECEIVED

MAR 12 1999

DEPT OF Water Resources

DATA ENTERED BY W
DATE 7/27/89

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: A37-12728
Date Received: 10/20/1988
Receipt No: C004269
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: TED K. UHRIG 208-788-2588
Address: P.O. BOX 565
BELLEVUE, ID 83313

2. Date of Priority: JUN 01, 1959

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
02N	18E	9	NE	NE	NW		BLAINE

5. Description of diverting works:
PIPE, 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		
STOCKWATER	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, S/8 HORSES

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
02N	18E	9	NE	NW		STOCK DOMEST	

A37-12728

Page 1

Date: 07/27/89

MICROFILMED
FEB 26 1993

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:

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
RACIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER:

Ident. Number

Date Received

Receipt Number

39576
A37-12728

10-20-88

C004269

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

1. Name of Claimant (s) TED K. Uhrig Phone (208) 788-2588Mailing Address PO 565 Billings Zip 832132. Date of Priority (Only one (1) per claim) 1959 6-1-19593. Source of water supply (a) WELL
which is tributary to (b) _____4. Location of point of diversion is: Township 2N Range 18ESection 9 NE 1/4 of NW 1/4 of 1/4 TL Lot 4089, 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 & pipeline6. Water is claimed for the following: (Limited to Domestic and/or Stockwater only See Instructions)
(Both dates are inclusive) (cfs)For DOMESTIC purposes from 1-1 to 12-31 amount .04For STOCKWATER purposes from 1-1 to 12-31 amount .047. 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) DOMESTIC 1 Household AND 8 hd. HORSES

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 ~~D-S~~				NW 1/4 ~~D-S~~				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
2N	18E	9					D											
							S											

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: separate well home from applicant's other oil claim.

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 do not X 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) Ted K. Uhlig Date Oct. 20, 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 Blaine) SS.

Subscribed and sworn (or affirmed) before me this 20th day of Oct. 19 88

SEAL

Notary Public Kimberly

Residing at Kimberly

My Commission Expires 6/30/1993

Last Name Uhlig Ident No. _____

Copies White-State, Yellow-Claimant