

AJ5856NP

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

DATE: SEP-19-1997

PAGE: A-255

RIGHT NUMBER: 37-12764

NAME & ADDRESS: ARMOUR A ANDERSON
2152 HILLCREST LANE
TWIN FALLS ID 83301

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

PRIORITY DATE: 07/01/1926

POINT OF DIVERSION: T04N R17E S30 SESE Within BLAINE County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC D/1 HOUSE.	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within BLAINE County
T04N R17E S30 SESE

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

LEASED LAND ON HOMESTEAD ENTRY. LOT SIZE - 140' X 80'.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

Handwritten: n11
n13

Handwritten: D.W.
2/3/99

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: A37-12764
Date Received: 9/20/1988
Receipt No: S002402
Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

AMENDED

1. Name: ARMOUR A. ANDERSON
Address: 2152 HILLCREST LANE
TWIN FALLS, ID 83301
208-733-7530

2. Date of Priority: JUL 01, 1926

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
04N	17E	30	SE	SE			BLAINE

5. Description of diverting works:
WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		

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
04N	17E	30	SE	SE		DOMEST	

11. Place of use in counties: BLAINE

A37-12764

Page 1

Date: 02/02/89

MICROFILMED

FEB 26 1993

12. Do you own the property listed above as place of use? NO

13. Other Water Rights Used:
NOT SPECIFIED

14. Remarks:
LEASED LAND ON HOMESTEAD ENTRY. LOT SIZE - 140' X 80'.

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): Chmoua G Anderson Date: 2-2-89

Date: _____

State of Idaho)
County of SC) SS.

Subscribed and sworn (or affirmed) before me this 2nd day
of Feb 19 89

Tom White
Notary Public

Seal

Residing at SC
My Commission Expires 5/94

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: A37-12764
Date Received: 9/07/1988
Receipt No: S002402
Received By: R. V. W.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ARMOUR A. ANDERSON 208-733-7530
Address: 2152 HILLCREST LANE
TWIN FALLS, ID 83301

2. Date of Priority: JUL 01, 1940

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
04N	17E	30	SE	SE			BLAINE

5. Description of diverting works:
? WELL?

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	04/01	11/01	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 of	Lot	Use	Acres
04N	17E	30	SE	SE		DOMEST	

11. Place of use in counties: TWIN FALLS

12. Do you own the property listed above as place of use? NO

13. Other Water Rights Used:
NOT SPECIFIED

14. Remarks:
LEASED LAND ON HOMESTEAD ENTRY. LOT SIZE - 140' X 80'.

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 A37-12764Date Received 9-7-88Receipt Number 5002402

RECEIVED

SEP 7 1988

NOTICE OF CLAIM
TO A
WATER RIGHT

Department of Water Resources
Southern Region Office

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) ARMOUR A. ANDERSON Phone 208 733-7530Mailing Address 2152 HILLCREST LANE TWIN FALLS Zip 833012. Date of Priority (Only one (1) per claim) JULY 1ST 19403. Source of water supply (a) GROUNDWATER
which is tributary to (b) _____4. Location of point of diversion is: Township _____ Range _____
Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4, Govt. Lot _____, B.M.,
County of _____

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. _____

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

For domestic purposes from APRIL 1ST to NOV 1ST amount 0.04 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (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 Domestic

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
4N	17E	~~30~~ 30	(D = COMMENCEING AT A STAKE ON NORTH BANK OF WARM SPRINGS CREEK 690 FT WESTLY FROM CORNER NO. 10 OF HES. 130															

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 X
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 ()

14. Remarks LESSEE LEASED LAND ON HOMESTEAD ENTRY SURVEY 130 IN
SECTION 30, T4N, R17E, S30. 140' X 80'

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) Armon A Anderson Date 9-7-88

Date _____

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

of _____, Title _____, 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 Idaho Falls)

SS.

Subscribed and sworn (or affirmed) before me this

7th

day of

September

19 88

Notary Public

Dorothy M. Lowe

Residing at

Idaho Falls, ID

MICROFILMED

My Commission Expires

August 15 1993

Last Name

ANDERSON

Ident No. _____

Copies White-State, Yellow-Claimant