

200 DEC -8 PM 2:29
TWIN FALLS, IDAHO
FILED

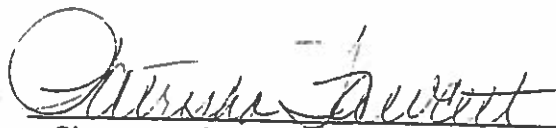
NOTICE OF COMPLETED ADMINISTRATIVE PROCEEDING

NOTICE OF COMPLETED
ADMINISTRATIVE PROCEEDING
5/21/2006

CERTIFICATE OF MAILING

I certify that on 12/8, 2000, I mailed the original and copies of this form to the following persons, postage prepaid and addressed as follows:

1. Original to:
Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls ID 83303-2707
2. One Copy to:
Claimant/Seller for Substitution of Party or attorney of record:
Lena Castle
Claimant Deceased
3. One Copy to:
Claimant/Purchaser for Substitution of Party or attorney of record:
Phyllis Baldwin
3155 W State
Eagle ID 83616
4. One Copy to:
Each party in the subcase or attorney of record:
5. One Copy to:
Chief Natural Resources Division
Office of the Attorney General
PO Box 44449
Boise ID 83711-4449
6. One Copy to:
United States Dept Of Justice
Environment & Natural Resource Div
550 West Fort Street MSC 033
Boise ID 83724



Signature of person or attorney mailing the form

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

11/30/2000

RIGHT NUMBER: 37-11582

NAME AND ADDRESS: PHYLLIS BALDWIN
3155 W STATE
EAGLE, ID 83616

SOURCE: GROUND WATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 09/01/1947

POINT OF DIVERSION: T01S R20E S19 SWSWNE Within BLAINE County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE
DOMESTIC

PERIOD OF USE
1-01 12-31

QUANTITY
0.04 CFS

PLACE OF USE:

DOMESTIC Within BLAINE County
T01S R20E S19 SWNE

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.

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE
EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE
ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER
THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6),
IDAHO CODE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

PARCEL NO. RP01S200191850A



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

SOUTHERN REGION

December 8, 2000

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

PHYLLIS BALDWIN
3155 W STATE
EAGLE ID 83616

RE: SRBA Claim(s): 37-11582

Dear Claimant:

Please find the enclosed copy of the Notice of Completed Administrative Proceeding, which the department has filed with the SRBA Court regarding the above referenced claims. You have received this notice pursuant to SRBA Court Administrative Order 11 requiring IDWR to report to the court and interested parties any pending changes to adjudication claims in basins for which a Director's Report has been filed with the court.

Please contact this office if you have any questions about the notice or the administrative process.

Sincerely,

Trish Fawcett
Technical Records Specialist

IDAHO DEPARTMENT OF WATER RESOURCES
INDIVIDUAL LISTING FROM DIRECTOR'S REPORT
OF WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: March 3, 1999
PAGE: 1

RIGHT NUMBER: 37-11582

NAME AND ADDRESS: PHYLLIS BALDWIN
3155 W STATE
EAGLE ID 83616

LENA CASTLE
C/O PHYLLIS BALDWIN
3155 W STATE
EAGLE ID 83616

RECEIVED
JUN 16 2000
Department of Water Resources
Southern Region

RECEIVED
JUN 13 2000
WATER RESOURCES
WESTERN REGION

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY-DATE: 09/01/1947

POINT OF DIVERSION T01S R20E S19 SWSWNE Within BLAINE County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within BLAINE County
T01S R20E S19 SWNE

OTHER MATTERS 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. RP01S200191850A

****Need to remove Lena Castle's name, per Phyllis Baldwin.**

office visit 6/13/2000

Phyllis Baldwin

Fin

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE CENTER FOR VITAL STATISTICS AND HEALTH POLICY

RECEIVED

JUN 13 2000

WATER RESOURCES
WESTERN REGION

NOV 16 1988

State of Idaho CERTIFICATE OF DEATH

State File No. **6259**
Local Reg. No. **1412**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE SEAL OF HEALTH & WELFARE BARRING SEAL, SHALL BE USED AS PROOF OF EVIDENCE OF THIS DEATH UNDER SEVERAL SECTIONS 25-2100 & 25-2101

DECEDENT	NAME - FIRST LENA		NAME - LAST CASTLE		SEX Female	DATE OF DEATH (Mo., Day, Yr.) November 12, 1988
	RACE - (White, Black, American Indian, Japanese, etc.) White	AGE - Last Birthday (Yrs.) 94	UNDER 1 YEAR 1	UNDER 1 DAY 1	DATE OF BIRTH (Mo., Day, Yr.) January 16, 1894	COUNTY OF DEATH Ada
	CITY, TOWN OR LOCATION OF DEATH Eagle		HOSPITAL OR OTHER INSTITUTION - (Name if not in office, give street and number) 3155 W. State		IF HOSP OR INST. Indicate DOA, External, Post, Inpatient (Specify)	
	STATE OF BIRTH (If not in U.S., name country) Idaho	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		SURVIVING SPOUSE (If wife, give maiden name) No	
PARENTS	SOCIAL SECURITY NUMBER 000-00-0000		USUAL OCCUPATION (Give kind of work done during year of writing this, even if retired) Homemaker		KIND OF BUSINESS OR INDUSTRY Own Home	
	RESIDENCE STATE Idaho	COUNTY Blaine	CITY, TOWN OR LOCATION Bellevue	STREET AND NUMBER Star Rt.	INSIDE CITY LIMITS (Yes or No) No	
	FATHER - NAME George Washington McCoy		BIRTHPLACE Illinois	MOTHER - MAIDEN NAME Sarah Jane Bailey	BIRTHPLACE California	
	MOTHER - NAME Phyllis Baldwin		BIRTHPLACE Illinois	MOTHER - MAIDEN NAME Sarah Jane Bailey	BIRTHPLACE California	
DISPOSITION	MANNER, OUT-OF-COUNTRY REMOVAL, DATE CREMATION, ENTOMBMENT, OTHER (Specify) Burial		CEMETERY OR CREMATORIUM - NAME Picacho Cemetery		LOCATION Picacho, Idaho	
	DATE 11-15-1988		LICENSE NO. 42		NAME OF FACILITY Alden-Waggoner Chapel	
	ADDRESS OF FACILITY Boise, Idaho		ADDRESS OF FACILITY Boise, Idaho		CITY OR TOWN Boise, Idaho	
	CITY OR TOWN Boise, Idaho		CITY OR TOWN Boise, Idaho		CITY OR TOWN Boise, Idaho	
CERTIFIER	I hereby certify that I attended the deceased from _____ to _____ I am sure the deceased died on _____ at the last of my knowledge. death occurred at the time, date and place and due to the causes stated. Signature and Title: _____ DATE SIGNED (Mo., Day, Yr.) _____		On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated. Signature: _____ DATE SIGNED (Mo., Day, Yr.) _____		HOUR OF DEATH 7:31 p.	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) John Bryant, Ada County Deputy Coroner, 7200 Barrister, Boise, Idaho		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 16, 1988		PRONOUNCED DEAD (Mo., Day, Yr.) November 12, 1988	
	SIGNATURE OF REGISTRAR Cindy Hallock, Deputy		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 16, 1988		PRONOUNCED DEAD (Mo., Day, Yr.) November 12, 1988	
	SIGNATURE OF REGISTRAR Cindy Hallock, Deputy		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 16, 1988		PRONOUNCED DEAD (Mo., Day, Yr.) November 12, 1988	
CAUSE OF DEATH	PART I - IMMEDIATE CAUSE Old Age		DUE TO OR AS A CONSEQUENCE OF: Mainnutrition & dehydration		INTERVAL BETWEEN DEATH AND DEATH	
	PART II - OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to those given in PART I)		INTERVAL BETWEEN DEATH AND DEATH		INTERVAL BETWEEN DEATH AND DEATH	
	PART III - OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to those given in PART I)		INTERVAL BETWEEN DEATH AND DEATH		INTERVAL BETWEEN DEATH AND DEATH	
	PART III - OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to those given in PART I)		INTERVAL BETWEEN DEATH AND DEATH		INTERVAL BETWEEN DEATH AND DEATH	
TO BE USED FOR EXTERNAL CAUSES ONLY	ACC. SUICIDE, HON., UNINT., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	INJURY AT WORK (Yes or No)	IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian	PLACE OF INJURY - (At home, farm, street, factory, office building, etc. (Specify))	LOCATION - STREET OR R.F.D. NO., CITY/TOWN OR COUNTY		
	INJURY AT WORK (Yes or No)	IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian	PLACE OF INJURY - (At home, farm, street, factory, office building, etc. (Specify))	LOCATION - STREET OR R.F.D. NO., CITY/TOWN OR COUNTY		
	INJURY AT WORK (Yes or No)	IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian	PLACE OF INJURY - (At home, farm, street, factory, office building, etc. (Specify))	LOCATION - STREET OR R.F.D. NO., CITY/TOWN OR COUNTY		

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

APR 25 2000

DATE ISSUED:

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



AJ5856NP

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

DATE: OCT-24-1997
PAGE: A-868

RIGHT NUMBER: 37-11582

NAME & ADDRESS: PHYLLIS BALDWIN
3155 W STATE
EAGLE ID 83616

LENA CASTLE
C/O PHYLLIS BALDWIN
3155 W STATE
EAGLE ID 83616

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 09/01/1947

POINT OF DIVERSION: T01S R20E S19 SWSWNE Within BLAINE County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within BLAINE County
T01S R20E S19 SWNE

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. RP01S200191850A

P 7-29-98

Claim proofread by: KT

Date: 11-04

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: A37-11582
Date Received: 10/11/1988
Receipt No: C002865
Received By: CJ

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: LENA CASTLE 208-939-0109
Address: C/O PHYLLIS BALDWIN
3155 WEST STATE
EAGLE, ID 83616

OR

Name: PHYLLIS BALDWIN 208-939-0109
Address: 3155 WEST STATE
EAGLE, ID 83616

2. Date of Priority: SEP 01, 1947

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
01S	20E	19	SW	SW	NE		BLAINE

5. Description of diverting works:
WELL, 53' DEEP, SUBMERSIBLE 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:
DOMESTIC/ 1 HOME

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
01S	20E	19	SW NE		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:

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): Phyllis Baldwin Date: Oct 11, 88

Date: _____

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 11th day
of October 19 88

Carter Fritschle
Notary Public

Seal

Residing at _____

My Commission Expires March 21, 1991
Carter Fritschle, Notary Public

Residing at Eagle, Idaho

My commission Expires March 21, 1991

A37-11582

Page 2

Date: 10/11/88

MICROFILMED

FEB 25 1993



A 37-11582

T 1 S
R 20 E

TIS

WATER RIGHT NUMBER - A37-11582

PREFIX TRANSLATION: ADJUDICATION CLAIM

OLD (D) NUMBER -

+ - - - - LAST NAME - - - - +

+ - FIRST NAME - - +

+ - - - - ADDRESS - - - - - +

*** C - CURRENT OWNER ***
CASTLE

LENA

1 - C/O PHYLLIS BALDWIN
2 - 3155 WEST STATE
3 -

STATE- ID ZIP- 83616

BALDWIN

PHYLLIS

CITY- EAGLE
PHONE - 208-939-0109
1 - 3155 WEST STATE

2 -
3 -

STATE- ID ZIP- 83616

CITY- EAGLE
PHONE - 208-939-0109

+ - - PRIORITY DATE - - +
09/01/1947

+ - - - REGION - - - +
ERROR IN REGION

+ - - - STAGE - - - +
J - BENEFICIAL USE

+ - - - STATUS - - - - +

+ - - - - SOURCE - - - - - +
GROUNDWATER

+ - - - - TRIBUTARY - - - - - +

+ - - - - POINT OF DIVERSION - - - - - +
TWN RNG SEC TRACT LOT RFLG COUNTY STREAM INDEX (BLANK IF NO INDEX CODE)

01S 20E 19 SW SW NE (13) BLAINE

+ - - - - WATER USE - - - - - +
CODE DESCRIPTION PERIOD FROM PERIOD TO DIVERSION RATE DIVERSION VOLUME

43 - DOMESTIC 01/01 12/31 0.040

+ - TOTAL DIV. RATE - + + - TOTAL DIV. VOLUME - + + - TOTAL DIV. CAPACITY - + + - TOTAL CONSUMPTIVE USE - + + - KW USAGE - +
0.040 0.0

+ - - - - PLACE OF USE - - - - - +
TWN RNG SEC TRACT LOT ACRES CODE DESCRIPTION COUNTY

01S 20E 19 SW NE 43 DOMESTIC (13) BLAINE

+ - - DIVERSION MEANS - WELL, 53' DEEP, SUBMERSIBLE PUMP.

+ - - NON-IRRIGATION USE - DOMESTIC/ 1 HOME

+ - - OTHER RIGHTS FOR SAME USE - NONE

+ - - - - REMARKS - - - - - +
NO REMARKS FOUND.

+ - - - - OLD WATER RIGHT NUMBERS - - - - - +
NO OLD WATER RIGHT NUMBERS FOUND.

+ - - - - CONDITIONS OF APPROVAL - - - - - +
NO CONDITIONS OF APPROVAL FOUND.

MICROFILMED
OCT 25 1994

AJ5808NP
(00-26)

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT

11/30/91 00:08:40
PAGE 2

WATER RIGHT NUMBER - A37-11582

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - - - DECREE PLAINTIFF - - - +

+ - - - - DECREE DEFENDANT - - - +

+ - DECREE DATE - +
00/00/0000

+ - - AUDIT FIELDS - 10/11/88 FRITSCHL 10/03/89 REFUNDML

+-----COMMENTS-----
NO COMMENTS FOUND

```
+ - - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - -
```

COURT REPORT FILING	- 00/00/0000	FIELD INSPECTION MADE	- 00/00/0000	CIVIL CASE NUMBER	- 39576
OBJECTION FILED DATE	- 00/00/0000	FIELD INSPECTION FLAG	-	OLD CASE NUMBER	-
RESPONSE FILED DATE	- 00/00/0000	VERIFIED DATE	- 00/00/0000	OLD JUDICIAL DISTRICT	-
CLAIM RECEIVED DATE	- 10/11/1988	LAST AMENDED DATE	- 00/00/0000	TEMPORARY RIGHT	- P
PROOF DUE DATE	- 00/00/0000	PROOF MADE DATE	- 00/00/0000	WATER DISTRICT	-
LICENSED DATE	- 00/00/0000	RECEIPT NUMBER	- C002865	FEDERAL/STATE INDICATOR	- S
CLAIMS TAPE ERROR FLG	-	POU OWNERSHIP FLAG	- Y	PRESUMPTION FLAG	-
FEE EXEMPT FLAG	-	NAME CONNECTOR	- OR	NOTICE OF ERROR FLAG	-

RPOIS200191860A

DATA ENTRY

Printed 12-23-93 AS

checked 4-7-94

Verified By

Topo Map/Ortho-PQ
ASCS Map
Watermaster Records
NAPP Photos
Field Exam
Other (See Remarks)
☒ County Records
☐ Witness Statement
☐ Project Records
☐ IDWR Records

VERIFIED
FEB 21 1992

CERTIFIED
MAR 20 1992
WATER EXAMINER