

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

RIGHT NUMBER: 1-2073

NAME AND ADDRESS: J VAUGHN HOBSON  
19 S 700 W  
BURLEY ID 83318

SOURCE: SNAKE RIVER

TRIBUTARY: COLUMBIA RIVER

QUANTITY: 1.060 CFS

PRIORITY DATE: 03/22/1951

POINT OF  
DIVERSION:

T10S R22E S19 SESW Lot 3 Within CASSIA County

PURPOSE AND  
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

IRRIGATION

3/15 11/15

1.060 CFS

PLACE OF USE: IRRIGATION in CASSIA County

|                          |       |                          |       |
|--------------------------|-------|--------------------------|-------|
| T10S R22E S19 Lot 4 SWSW | 4.50  | T10S R22E S19 Lot 3 SESW | 12.00 |
| T10S R22E S30 NENW       | 22.00 | T10S R22E S30 Lot 1 NWNW | 27.00 |

65.5 ACRES TOTAL

This right is limited to the irrigation of 53 acres within the place of use described above in a single irrigation season.

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

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.

This water right is not entitled to call on ground water rights.

EXPLANATORY MATERIAL: BASIS OF CLAIM - License

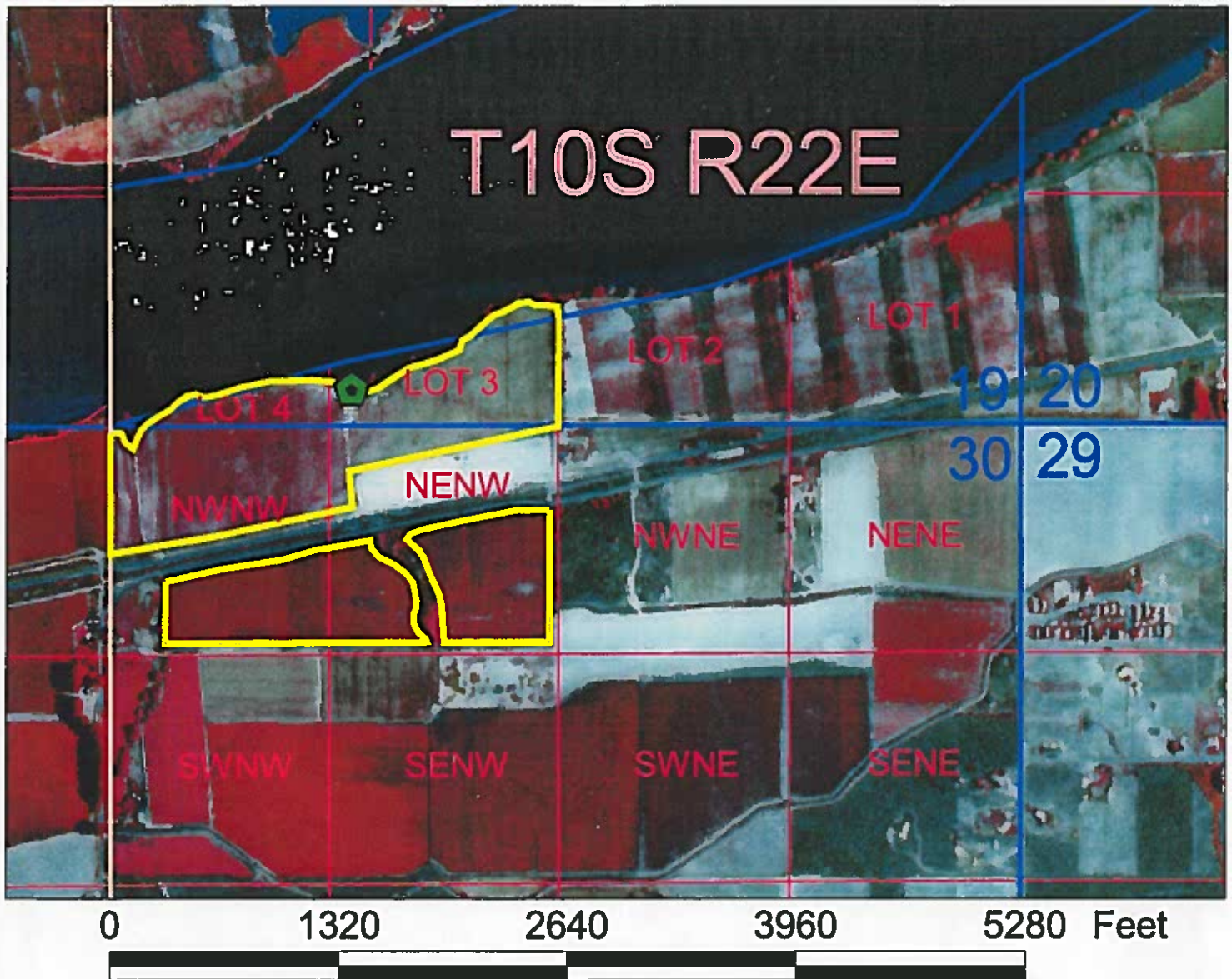
Use of this right is combined with water from Burley Irrigation Dist.

Right includes accomplished change in place of use pursuant to Section 42-1425, Idaho Code.



# Department of Water Resources

## Claim No.: 01-02073



 Point of Diversion

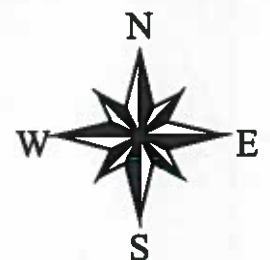
 Place of use

 Township/Range

 Sections

 QQ

SCANNED  
OCT 18 2006



GIS Place of Use Illustration  
1987/88 NAPP Photography  
Prepared by M. Holliday  
Date: September 2005

09/07/2005

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

RIGHT NUMBER: 1-2073

NAME AND ADDRESS: J VAUGHN HOBSON  
19 S 700 W  
BURLEY ID 83318  
  
OPAL B HOBSON  
19 S 700 W  
BURLEY ID 83318

SOURCE: SNAKE RIVER TRIBUTARY: COLUMBIA RIVER

QUANTITY: 1.060 CFS

PRIORITY DATE: 03/22/1951

POINT OF DIVERSION:

T10S R22E S19 SESW Lot 3 Within CASSIA County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u> | <u>PERIOD OF USE</u> | <u>QUANTITY</u> |
|-----------------------|----------------------|-----------------|
| IRRIGATION            | 3/15 11/15           | 1.060 CFS       |

PLACE OF USE: IRRIGATION Within CASSIA County

|                          |           |                          |      |
|--------------------------|-----------|--------------------------|------|
| T10S R22E S19 Lot 4 SWSW | 4.5       | T10S R22E S19 Lot 3 SESW | 12.0 |
| T10S R22E S30            | NENW 22.0 | T10S R22E S30 Lot 1 NWNW | 27.0 |

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Right includes accomplished change in place of use pursuant to Section 42-1425, Idaho Code.

09/07/2005

NOTICE OF ERROR  
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:

Water right number: 1-2073

J VAUGHN HOBSON  
19 S 700 W  
BURLEY ID 83318  
Telephone Number: (208)678-2871

OPAL B HOBSON *died 2-5-98*  
19 S 700 W  
BURLEY ID 83318  
Telephone Number: (208)678-2871

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

*I have BTD water right for my home site and the 3 acres there*

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

*the photo doesn't show that I have water rights for my home sit - pasture of about 3 A.*

☐ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 10-29-05

SIGNATURE: Jesse Vaughn Hobson

Please print your name: Jesse Vaughn Hobson

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

*my wife Opal Beth Hobson passed away Feb 5, 1998*  
*1998*

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PROFILE

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NOV 20 2005

Department of Water Resources  
Eastern Region

KATO  
11/17



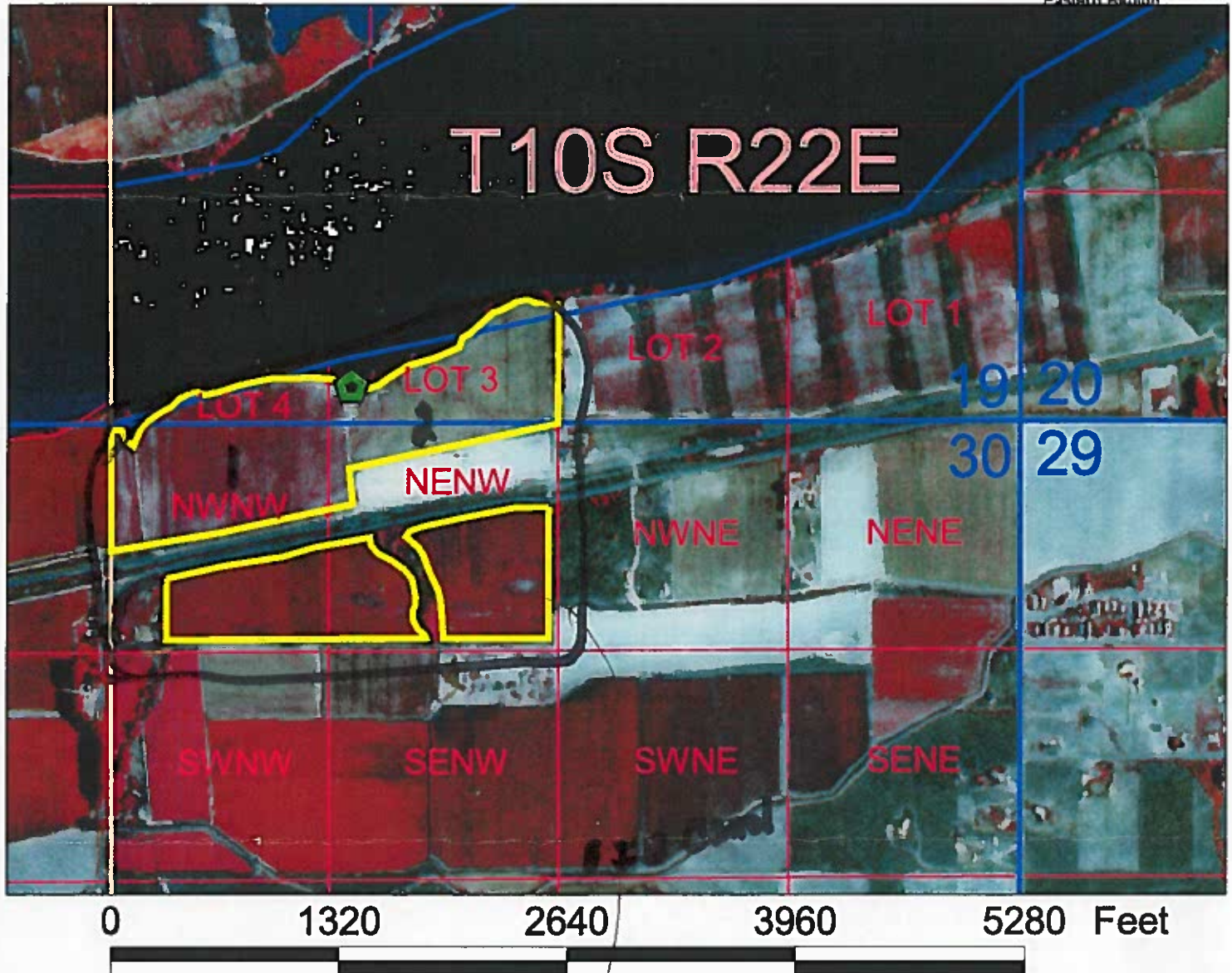
# Department of Water Resources

## Claim No.: 01-02073

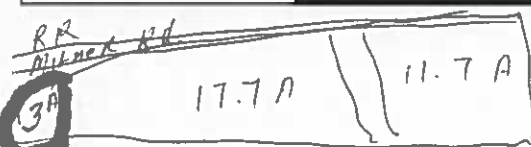
RECEIVED

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Department of Water Resources  
Eastern Region



0 1320 2640 3960 5280 Feet



Point of Diversion

Place of use

Township/Range

Sections

QQ

Water Source Burley irrigation dist

also the fields just north and east the south side of river is B.T.D. water rights



GIS Place of Use Illustration  
1987/88 NAPP Photography  
Prepared by M. Holliday  
Date: September 2005

also have Potladder water for fields 1 & 2 also an early free flow rights for 1 & 2 there is B.T.D. water rights for all of my farm

09/07/2005

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

RIGHT NUMBER: 1-2073

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BURLEY ID 83318  
  
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PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u> | <u>PERIOD OF USE</u> | <u>QUANTITY</u> |
|-----------------------|----------------------|-----------------|
| IRRIGATION            | 3/15 11/15           | 1.060 CFS       |

PLACE OF USE: IRRIGATION Within CASSIA County

|                          |           |                          |      |
|--------------------------|-----------|--------------------------|------|
| T10S R22E S19 Lot 4 SWSW | 4.5       | T10S R22E S19 Lot 3 SESW | 12.0 |
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NOV 11 2005

PROFILE

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NOV 09 2005  
Department of Water Resources  
Eastern Region

1-2073

CLAIMANT CONTACT

11/18/2005 10:45:02 AM

I talked with Vaughn Hobson on the phone regarding his notice of error reply. After explaining that my recommendation dealt only with his licensed right and not with his Palisades water or Burley Irrigation District shares, Vaughn then voiced satisfaction with the recommendation. I also informed him that he would need to provide a copy of Opal's death certificate in order to remove her name from the right. He said that he would send it today.

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OCT 18 2006

01-2073 Log

| <u>Date</u> | <u>Description</u>                                                         |          |
|-------------|----------------------------------------------------------------------------|----------|
| 8/16        | Pre-field prep, called & left msg to set appt. 12:42pm                     | 0.5hr JK |
| 8/18        | Visited property. Took GPS fix at POD., Photos, M/P data                   | 2.0hr JK |
| 8/19        | Met with Mr. Vaughn Hobson and the son who is farming the land separately. | 4.0hr JK |

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OCT 18 2006

8/19 01-2073  
Jeff Kibler  
208-757-8182

Met w/ Vaughn Hopson 9 am - 9:30

40 HP, Motor and 5 hp parma pump  
sprinklers on wheel lines for hay and grain

BID Burley Irrigation District supplies the majority  
of water to farmed land

Water associated w/ water right is used only when they  
need extra to water crops.

The apparent expanded land does not rely on this water right.  
Land associated w/ water right 01-2073 is as outlined.

|                             |                                            |
|-----------------------------|--------------------------------------------|
| 4 wheel lines, 3 hand lines | 50 sprinklers hand line strip adj. to road |
| - 42 sprinklers Beans       | - 31 sprinklers potatoes                   |
| - 31 sprinklers Beans       | - 30 sprinklers potatoes                   |
|                             | 21 sprinklers hand line beans              |

Center piece of  
Land ~~is~~ <sup>is</sup> watered using concrete ditches and gravity tubes  
Other pieces are ~~watered~~ <sup>irrigated</sup> w/ wheel lines. Use of wheel lines  
began ~1995 Main line from river is tied to main at BID canal.  
~~11 ft head for river fields - 12 ft~~  
~~up hill land at 12 ft~~

GPS Coordinates

Waypt # 079 2506011 on Snake River 8/18/05  
1259279

Waypt # 082 2505593 BID canal 8/19/05  
1258487

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OCT 18 2006

Pg 1/2

Hobson

8/18/05

01-2073

Motor Baldor Super-E  
Out No. A15095D-55  
HP 40 DP RPM 1780 Rating 40C AMB-CONT  
Frame 324JP Serial 295C-278 Spec 42F60X23G1  
Volts 230/460 Code F  
Amps 92/46 Design B  
Wattage 93.6 Ph 3 Hz 60 Class B  
PU Bearing 6312 Series F, 1.15  
FR end Bearing 6311

Pump Cornell  
Model 4RB-40-4  
Serial 89139 12.62

Midwest Irrigation Co.  
Model CVP8  
Max 150 psi.  
Max 1200 G.P.M.

SCANNED

OCT 18 2006

Pg 2 1/2

# STATE OF UTAH — DEPARTMENT OF HEALTH

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on  
this form is limited under  
the Vital Statistics Act  
and Rules

LOCAL FILE NUMBER **25-0179**

STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF DECEDENT<br>FIRST: <b>Opal</b> MIDDLE: <b>Beth</b> LAST: <b>Hansen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 2. SEX<br><b>Female</b>                                                                                                                                                                                          | 3a. DATE OF DEATH (Mo, Day, Yr)<br><b>Feb. 5, 1998</b>                  | 3b. TIME OF DEATH (24hr clock)<br><b>0540</b>                                                                                                                                                                                                                      |
| 4. DATE OF BIRTH (Mo, Day, Yr)<br><b>June 5, 1929</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 5. AGE - (Last Birthday)<br><b>68</b>                                                                                                                                                                            | 6. BIRTHPLACE (City & State or Foreign Country)<br><b>Oakley, Idaho</b> |                                                                                                                                                                                                                                                                    |
| 7. SOCIAL SECURITY NUMBER<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 8a. PLACE OF DEATH (Check only one)<br>HOSPITAL: <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. OCA <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other<br>OTHER: <input type="checkbox"/> 7. Other<br><b>Utah Valley Regional Medical Center</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 8b. CITY, TOWN OR LOCATION OF DEATH<br><b>Provo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 8c. COUNTY OF DEATH<br><b>Utah</b>                                                                                                                                                                               |                                                                         |                                                                                                                                                                                                                                                                    |
| 9. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Jesse Vaughn Hobson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 11. MARITAL STATUS<br><input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced                          |                                                                         | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)<br><b>Homemaker</b>                                                                                                                                      |
| 12b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 13a. RESIDENCE - STREET AND NUMBER<br><b>19 South 700 West</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 13b. CITY, TOWN OR COMMUNITY<br><b>Burley</b>                                                                                                                                                                    |                                                                         | 13c. COUNTY<br><b>Cassia</b>                                                                                                                                                                                                                                       |
| 13d. STATE<br><b>ID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 13e. INSIDE CITY LIMITS?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 13f. ZIP CODE<br><b>83318</b>                                                                                                                                                                                    |                                                                         | 14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No<br>If yes, enter the date and hour reported: M.E. Case No. _____                                                                                    |
| 15. RACE - Black, White, Am. Indian (Tribes may be entered), Japanese, etc. (Specify)<br><b>White</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17 +)<br><b>13</b>                                                                                         |                                                                         |                                                                                                                                                                                                                                                                    |
| 17. FATHER'S NAME (First, Middle, Last)<br><b>Oscar Earl Hansen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 18. MAIDEN NAME OF MOTHER (First, Middle, Last)<br><b>Violet Lorene Barrus</b>                                                                                                                                   |                                                                         |                                                                                                                                                                                                                                                                    |
| 19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT<br><b>Jesse Vaughn Hobson (Husband) 19 South 700 West, Burley, Idaho 83318</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 20. METHOD OF DISPOSITION<br><input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other<br><input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 21a. DATE OF DISPOSITION<br><b>Feb. 10, 1998</b>                                                                                                                                                                 |                                                                         | 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Pleasant View Cemetery</b>                                                                                                                                                           |
| 21c. LOCATION - City or Town, State<br><b>Burley, Idaho</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE<br><i>Tracy A. Hill</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 23. LICENSE NUMBER<br><b>221136700902</b>                                                                                                                                                                        |                                                                         | 24. FUNERAL HOME (Name, address and license number)<br><b>Walker Sanderson Funeral Home<br/>646 East 800 North<br/>Orem, Utah 84097<br/>931036400901</b>                                                                                                           |
| 25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN<br><b>2/4/98</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No<br>If yes, enter the date and hour reported: M.E. Case No. _____ |                                                                         |                                                                                                                                                                                                                                                                    |
| 27a. CERTIFIER<br><input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.<br><input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 27b. SIGNATURE AND TITLE OF CERTIFIER<br><i>Tracy A. Hill M.D.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 27c. LICENSE NUMBER<br><b>811661361205</b>                                                                                                                                                                       |                                                                         | 27d. DATE SIGNED (Mo, Day, Yr)<br><b>2/5/98</b>                                                                                                                                                                                                                    |
| 28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print)<br><b>Tracy A. Hill M.D. 1034 North 500 West, Provo, Utah 84604</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 29. REGISTRAR'S SIGNATURE<br><i>Joseph K. Miner, M.D.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo, Day, Yr)<br><b>Feb. 5, 1998</b>                                                                                                                                       |                                                                         | 30b. DATE FILED (Mo, Day, Yr)<br><b>FEB 08 1998</b>                                                                                                                                                                                                                |
| 31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br>a. <b>Ischemic Cardiovascular Pathology</b><br>DUE TO (OR AS A CONSEQUENCE OF):<br>b. <b>Coronary Artery Disease</b><br>DUE TO (OR AS A CONSEQUENCE OF):<br>c. _____<br>DUE TO (OR AS A CONSEQUENCE OF):<br>d. _____<br>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST<br>PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I<br><b>Cerebrovascular Accident</b><br><b>Pulmonary Embolism</b> |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |
| 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT<br><input type="checkbox"/> 1. Probably contributed to the cause of death.<br><input type="checkbox"/> 2. Was the underlying cause of death.<br><input checked="" type="checkbox"/> 3. Did not contribute to the cause of death.<br><input type="checkbox"/> 4. Is unknown in relation to the cause of death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 33a. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No                                                                                                      |                                                                         | 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No                                                                                                           |
| 34. MANNER OF DEATH<br><input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposefully or Accidentally <input type="checkbox"/> 6. Pending Investigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 35a. DATE OF INJURY (Mo, Day, Yr)<br>35b. TIME OF INJURY (24 Hour Clock)<br>35c. INJURY AT WORK?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No                                    |                                                                         | 35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)<br>35e. LOCATION (Street or rural route number, city or town, county and state)<br>35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian. |
| 35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                  |                                                                         |                                                                                                                                                                                                                                                                    |

USE PERMANENT BLACK INK 600

SCANNED

This is to certify that this is a true and correct copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **FEB 06 1998**

County **Utah**

Registrar **Joseph K. Miner, M.D.**

*Barry E. Nangle*

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By *Guillemin*

RECEIVED **OCT 18 2006**

**NOV 21 2005**

Department of Water Resources  
Eastern Region

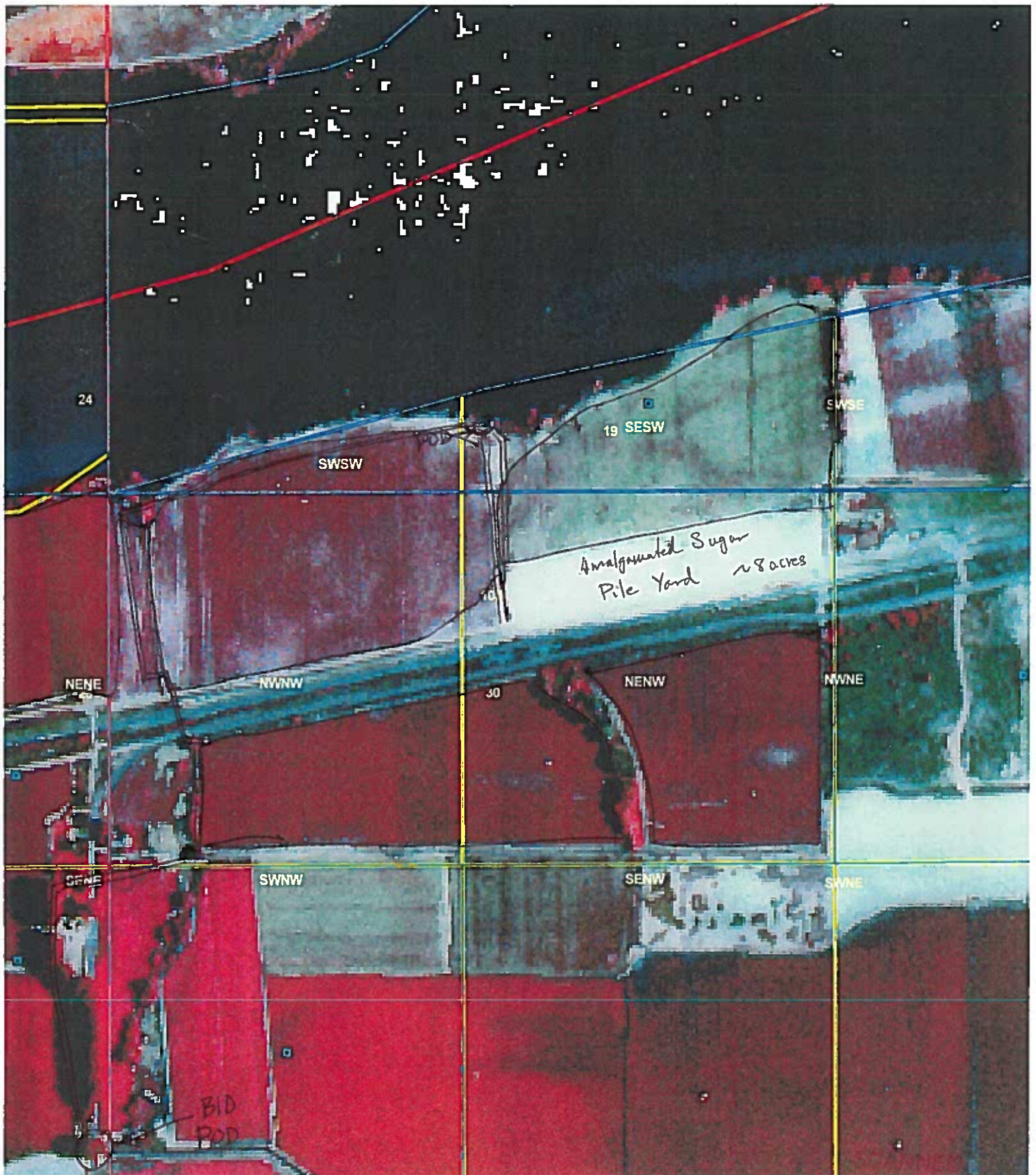


LL 493182



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

01-2073



OCT 18 2006

**Claim Number**      **01-2073**

**18 August 2005**

**Point(s) of Diversion**

**GPS Coordinates**

**Waypoint #: 078      2506011  
1259279**



**Main Motor and pump at POD.**



**Parma Pump (used on hay for gravity flow)**

**SCANNED**

**OCT 18 2006**



Main line to east field.



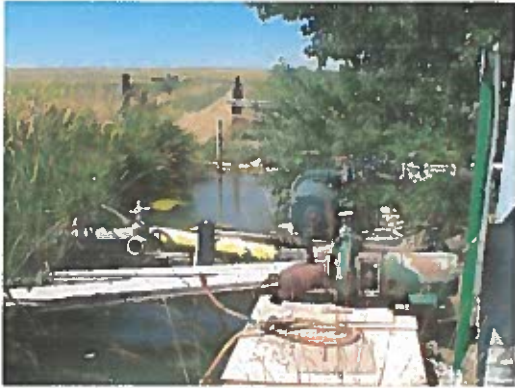
Pump and Motor: Main line to west fields.



Pressure at pump.

SCANNED  
OCT 18 2006

Burley Irrigation District POD  
Waypoint #: 082      2505593  
1258487



Burley Irrigation District water POD (looking west)



Burley Irrigation District canal (looking east)



Point at which water from river ties in with water from BID.

### Motor/Pump Data

Motor (POD on Snake River)

Make: Baldor

Cat. No.: A15095D-55

HP: 40 DP

RPM: 1760

Rating: 40C AMB-CONT

Frame: 324JP

Serial: 295C-278

Spec.: 42F60X23G1

Volts: 230/460

Code: F

Amps: 92/46

Design: B

NEMA nom. eff.: 93.6

Phase: 3

Hz: 60

Class: B

PU Bearing: 6312

Series F.: 1.15

FR Bearing: 6311



### Pump

Make: Cornell

Model: 4RB-40-4

Serial No.: 89139 12.62



SCANNED  
OCT 18 2006

Motor (POD on BID canal)

Make: Marathon Electric

Model: 324TTDR7968AP

Frame: 324TCZ

Type: - Design: B Phase: 3 Code: F Ins. Cl: B Enc.: DP

Duty: CONT Max Amb. °C: 40 Shaft End Brg.: 312 Opp End Brg.: 311

Serial: 11-11282-7/18-09

Part No.: A15095A-55

Volt: 230/460

Amps: 104/52

RPM: 1760

Hz: 60

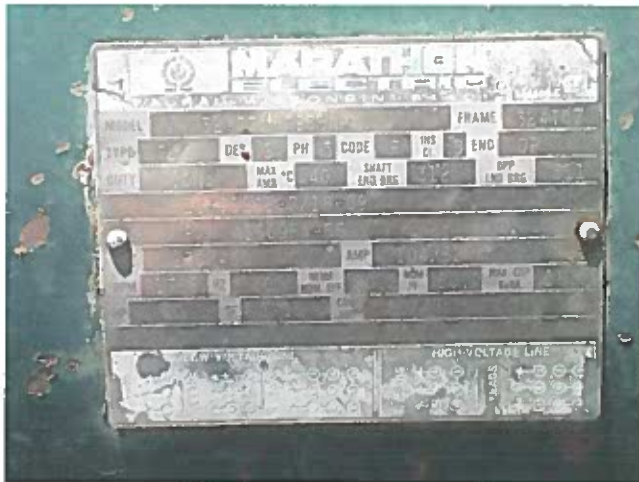
NEMA nom. eff.: 90.2

nom. pf: 80.0

HP: 40 DP

SF: 1.15

Core Amp: 86/43



Pump

Make: Cornell

Model: 4RB40-4

Serial No.: 62698 12



SCANNED  
OCT 18 2006

# State of Idaho License and Certificate of Water Right

Water License No. 22022

Amount 1.06 second feet

Water District No.

Priority March 22, 1951

THIS IS TO CERTIFY that JESSE VAUGHN HOBSON  
of Burley, Idaho, made application for a permit to appropriate the  
public waters of the State of Idaho, dated March 22, 1951; that Permit No. 22022  
was issued under said application; that Certificate of Completion of works, with a carrying capacity of  
1.1 second feet, was issued thereunder on May 1, 1952, showing that said works  
were completed on the 10th day of April, 1952; and that on the 26th  
day of April, 1954,

JESSE VAUGHN HOBSON

of Burley, State of Idaho, made proof to the satisfaction of the  
State Reclamation Engineer of Idaho, of the right to use the waters of Snake River,  
a tributary of Columbia River, for the purpose of irrigation,  
under Use Permit No. 22022 of the Department of Reclamation  
and that said right to the use of said waters has been perfected in accordance with the laws of Idaho,  
and is hereby confirmed by the State Reclamation Engineer of Idaho and entered of record in Volume  
9 of Licenses at page 5309, on the 5th day of August, 1954;

The right hereby confirmed dates from March 22, 1951;

The Point of Diversion is located in Lot 3,  
in the 1/4 Sec. 19, Tp. 10 S., R. 22 E., B. M. Cassia County

That the amount of water to which such right is entitled and hereby confirmed, for the purposes  
aforesaid, is limited to an amount actually needed and beneficially used for said purposes, and shall  
not exceed 1.06 cubic feet per second.

Description and location of use:

| Twp.  | Range | Sec. | Forty-acre Tract                   | No. Acres<br>Described in Permit | No. Acres<br>Actually Irrigated |
|-------|-------|------|------------------------------------|----------------------------------|---------------------------------|
| 10 S. | 22 E. | 19   | Lot 3                              | 15.12                            | 12                              |
|       |       |      | Lot 4                              | 5.62                             | 3                               |
|       |       | 30   | Tax # 89                           | 13.00                            | 13                              |
|       |       |      | Tax # 90                           | 19.75                            | 25                              |
|       |       |      | Number of Acres Actually Irrigated | -                                | 53                              |

The right to the use of the water aforesaid hereby confirmed is restricted to the lands or place  
of use herein described, as provided by the laws of Idaho.

WITNESS the seal and signature of the State Reclamation Engineer, affixed at Boise, Idaho, this  
5th day of August, 1954.

(SEAL)

MARK R. KULP

State Reclamation Engineer.

SCANNED

OCT 18 2006

15-2073  
01-2073

STATE OF IDAHO  
DEPARTMENT OF RECLAMATION  
BOISE

REPORT OF ENGINEER

PERMIT NO. 22022

REPORT ON PROOF OF Beneficial Use

JESSE VAUGHN HOBSON, Route 2, Burley, Idaho

1.06 cfs  
muck

app. 1.1 cfs.

53 acres  
4-410's

STATE OF IDAHO  
DEPARTMENT OF RECLAMATION  
BOISE, IDAHO

## REPORT OF ENGINEER

Permit No. 22022

This proof is for Beneficial Use In Water District No. \_\_\_\_\_

1. Name of applicant Jesse Vaughn Hobson, Route 2, Burley, Idaho

2. Source of water supply: Snake River

3. Location of point of diversion: Is in the Lot 3 of Section 19

T. 10 S. R. 22 E. County of Cassia

4. Describe works as they exist, giving dimensions and capacities of same: This system is part sprinkler and part gravity. Both pump from the same point of diversion. Sprinkler System has a 10 HP Smithway Motor and Peerless 2 1/2" to 2" centrifugal pump. There is 1300' of 4" aluminum main and a little over a quarter of a mile of 3" aluminum lateral. There are 35 rain bird sprinklers No. 40, size 1/8 by 3/16. The other system uses a 3 hp G. E. Motor No. TK 15984 and a size 4 Parma Water Lifter Pump no. 508. There is an 8" concrete pipe line to the high point in the SW. Approximately 31 acres irrigated by gravity and 22 acres by sprinkler system. There is a ditch approximately 300' long by 3' to 4' wide that permits the Snake River water to reach these pumps.

5. Water is used for: Irrigation.

6. State whether or not water has been turned into works of diversion: Yes

7. List legal subdivisions of lands to be irrigated. If proof is for beneficial use, give exact number of acres under cultivation in each forty-acre tract. (Describe manner and place of use if other than irrigation):

Lots 3 and 4 Section 19;

Tax Nos. 89 and 90, Section 30;

Twp. 10 South, Range 22 East, B. M.

See the Map.

(Submit map on attached plat, showing location and details of above description.)

8. What large stream would the water here appropriated finally reach? \_\_\_\_\_

Remarks: \_\_\_\_\_

*Explanation for 2nd system. Mr. Hobson found his sprinkler system to be limited in capacity - crops were burning - so he installed a gravity system to irrigate approx. one half of the land supposed to be covered by the sprinklers.*

This examination was made on the 13 day of July, 1957

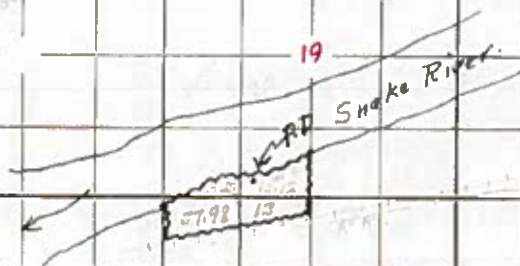
(Signed) E. H. Humphrey Examiner.

220221

R-22E.

sprinkle on East portion

T.  
10  
S.



<sup>30</sup>  
Subdivisions = 4

SW SW = 25 a

NW NW = 25 "

SE SW = 12 a

NE NW = 15 a

Area = 53 a total

} Irrigated

Q = 22 inches thru sprinkler

31 inches " gravity

53 inches

County

Chip G. T. Notes

1735 pm 220V. 3ph.

TK 15984

Parma Water Puffer

Ripe. 24

508

8" cone. line to high point

Use Ferry Light & Par.

Current.

Western phase of [ ] available

Amperage only 11.3 R.R.  
also 1 of Highway.

# INSTRUCTIONS TO EXAMINERS

1. Always carefully note the location of the point of diversion and accurately plat same.
2. When proof is for beneficial use, carefully check up the number of acres actually irrigated in each forty and accurately plat same.
3. Make a map showing the correct location of streams and ditches, and the irrigated lands, and any adjacent permanent landmarks, such as towns, lakes, large streams and public roads.
4. If any unusual conditions are discovered, make plain statement of them under remarks.
5. Always see the holder, if possible, and go over the whole ground with him and make your report only upon actual existing facts and conditions.
6. Give general characteristics of soils, topography, and crops raised.

RECEIVED

JUL 16 1954

Department of Reclamation

Jesse Vaughn Hobson

Rt. 2, Burley, Idaho

Permit No. 22022

0267-J2-Burley

Examination for Beneficial Use

County Cassia

19-105-22E

Pa 1.1 c.f.s

Dr Snake River

P.R. = Lot 3, Sec. 19, T. 10S., R. 22E.

Apr 8 1954

7 mi. west of Burley

Use = Irrigation

35" pressure on 23 heads

Priority = March 22, 1951

Due = April 7, 1954

C/W = May 1, 1952

10 hp Smithway Motor

3470 rpm 220V. 24amps

Seedless 2 1/2" X 2" centrifugal

Pump

4" X 1300' al main

3" X 1/4" plus lateral

35' diameter 4x 1/2"

ditch 300' long from Race

25' deep

sprinkling 30 to 35' across

Exhaust 1/2" diam

8.52" per head 23 heads operating

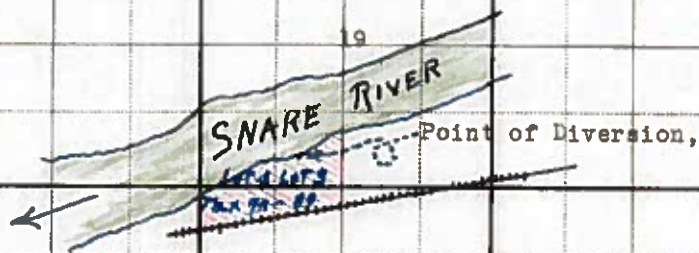
22 inches thru sprinkler

31 inches " " " "

NAME OF APPLICANT J. V. John Hobson.

Form No. 0

Twp. 10.S. R. 22.E.



Permit Map No. ~~22022~~

As Approved  
APR 7 1951  
MARK R. KULP  
State Reclamation Engineer

SCALE: 2 INCHES EQUAL 1 MILE. DRAW PLAN IN INK.

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: A01-02073  
Date Received: 6/06/1989  
Receipt No: S907573  
Received By:                     

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: JESSE VAUGHN HOBSON 208-678-2871  
Address: RT 4 BOX 4225  
BURLEY, ID 83313

AND/OR

Name: OPAL B. HOBSON 208-678-2871  
Address: RT 4 BOX 4225  
BURLEY, ID 83313

2. Date of Priority: MAR 22, 1951

3. Source: SNAKE RIVER Trib. to: COLUMBIA RIVER

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County |
|----------|-------|---------|--------|--------|--------|-----|--------|
| 10S      | 22E   | 19      | SE     | SW     |        | 3   | CASSIA |

5. Description of diverting works:  
2 PUMPS, 10HP & 3HP

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) | A.F.A. |
|------------|-------|-------|--------|------|--------|
| IRRIGATION | 03/15 | 11/15 | 1.060  |      |        |

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

A01-02073

Page 1

Date: 06/06/89

SCANNED  
OCT 18 2006

MICROFILMED  
MAR 19 1993

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use           | Acres |
|----------|-------|---------|--------|-----|-----|---------------|-------|
| 10S      | 22E   | 19      | SW     | SW  | 4   | IRR           | 3.0   |
|          |       |         | SE     | SW  | 3   | IRR           | 12.0  |
|          |       |         |        |     |     | Section Acres | 15.0  |
|          |       | 30      | NE     | NW  |     | IRR           | 25.0  |
|          |       |         | NW     | NW  |     | IRR           | 13.0  |
|          |       |         |        |     |     | Section Acres | 38.0  |
|          |       |         |        |     |     | Total Acres   | 53.0  |

11. Place of use in counties: CASSIA

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: LICENSE  
Water Right Number: 22022

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): Jess Vaughn Holson Date: 6-6-89  
Opse Holson Date: 6-6-89

State of Idaho )  
County of TF ) ss.

Subscribed and sworn (or affirmed) before me this 6 day  
of June 19 89 Lon White  
Notary Public

Seal

Residing at TF  
My Commission Expires 5/94

