

AJ5856NP

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

DATE: OCT-24-1997
PAGE: A-1698

RIGHT NUMBER: 37-13392

NAME & ADDRESS: DEBRA A BROSS
VON R BROSS
PO BOX 344
KINGHILL ID 83633

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 04/30/1980

POINT OF DIVERSION: T05S R11E S08 NESW Within ELMORE 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 ELMORE County
T05S R11E S08 NESW

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. 05S11E084820

D7-29-98

Exam proofread by: MH
Date: 11-3

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: A37-13392
Date Received: 4/23/1990
Receipt No: C013176
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: VON R. BROSS 208-336-7737
Address: P.O. BOX 344
KINGHILL, ID 83633

AND/OR
Name: DEBRA A. BROSS 208-336-7737
Address: P.O. BOX 344
KINGHILL, ID 83633

2. Date of Priority: APR 30, 1980

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
05S	11E	8	NE	SW			ELMORE

5. Description of diverting works:

WELL, 180' DEEP, 6½ CASING, 1/3 HP SUBM. PUMP, PIPE-HOLDING TANK

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

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
05S	11E	8	NE SW		DOMEST	

11. Place of use in counties: ELMORE

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:

CLOVER CREEK WATER FOR GARDEN. SEPARATE CLAIM FILED.

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 _____

MICROFILMED
MAR 01 1993

IN 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: 39576

Ident. Number 137-13392Date Received 12-4-89Receipt Number 0013174RECEIVED
APR 23 1990NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

Department of Water Resources

RECEIVED
DEC 1 1989

Department of Water Resources

Please type or print clearly

1. Name of Claimant (s) Von R Bross and/or Debra A Bross Phone (208) 366-7737Mailing Address P.O. Box 344 Kinghill Idaho Zip 836332. Date of Priority (Only one (1) per claim) est. 4/803. Source of water supply (a) ground water
which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 5 South Range 4 East Section 8,
NE 1/4 of SW 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of _____
North of clover creek

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. one well 180 ftdeep 1/3 hp. pump submercible, 1" water pipe to main
house water Holding tank. Berkley control for pump pump ls.
also a Berkley well casing steel measure 6 1/2" outside diameter
Well has been tested, It is safe to use see sheet which is
attached.

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MAR 01 1993

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For domestic purposes from 1-1 to 12-31 amount 0.04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is de minimus acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Domestic

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			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	

Total number of acres irrigated 1/4 of 1 acre

11. In which county (ies) are lands listed above as place of use located? Elmore

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.

We use the Clover Creek water to water are or None ()
garden which is about 30x 20 feet we filed a separate claim for it.

14. Remarks:

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MAR 01 1993

Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

Scale: 2 inches equals 1 mile

A 16x16 grid of squares. Each square contains a crosshair pattern formed by two dashed lines intersecting at the center. The grid is composed of 16 columns and 16 rows, totaling 256 squares. The pattern is uniform across the entire grid.

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MAR 01 1993

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number _____
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. Signature (s)
(a.) By signing below, I/We acknowledge that I/We have received, read, and understand the form entitled
"How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not ☒
wish to receive and pay a small annual fee for monthly copies of the docket sheet.
Number of attachments _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true
and correct.

Signature of Claimant (s) Don R Bross Date 11/28/89
Dona A. Bross Date 28 Nov 89

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 _____) SS.

Subscribed and sworn (or affirmed) before me this 20th day of April 19 90

SEAL

Notary Public Paul Rhodes

Residing at 77th Ave, ID

My Commission Expires 09-14-95

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ will be acting as attorney at law on behalf
of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above
should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

MICROFILMED
MAR 01 1993

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant

COPY DISTRIBUTION

White - Client

Canary - H & W/District

Pink - H & W/District

Goldenrod - Laboratory.

ANALYTICAL LABORATORIES, INC.

1804 North 33rd Street

BOISE, IDAHO 83703

☐ Public Water Supply ☒ Private Water Supply ☐ Other _____

Name of Water System

County

OFFICE USE ONLY

REPORT RESULTS TO:

ELMORE

PWS Ident (1-7)

Name

Collected by

Lab Ident. (8-12)

VON R. BROSS

VON BROSS

Address

Date Collected (19-24)

Contam. Ident.
(13-16)Trans. Code
(17-18)

1423 E. 1ST #7

Mo.

Day

Yr.

City

State

Zip Code

MERIDIAN

ID

83642

02

21

89

3

0

0

0

5

TIME OF COLLECTION	SAMPLING LOCATION	CHECK METHOD USED										
		☐ TUBE FERMENTATION					3 0 5		☒ MEMBRANE FILTER		3 0 3	
		10cc.	10cc.	10cc.	10cc.	10cc.	No. Confirmed Tests Pos.	Coliforms/100ml				
								Count	Office Use			
(25-28) 12:45 ☐ A.M. ☐ P.M. (29)	LAB #1685 ED LANDIS'S PLACE, KINGHILL, ID NE SW N OF CLOVER CREEK SECTION 8	(30-32)					(33)		(34-37)			
(38-41) ☐ A.M. ☐ P.M. (42)		(43-45)					(46)		(47-50)			
(51-54) ☐ A.M. ☐ P.M. (55)		(56-58)					(59)		(60-63)			
(64-67) ☐ A.M. ☐ P.M. (68)		(69-71)					(72)		(73-76)			
(77-80) ☐ A.M. ☐ P.M. (81)		(82-84)					(85)		(86-89)			
(90-93) ☐ A.M. ☐ P.M. (94)		(95-97)					(98)		(99-102)			

Type of Sample (Mark only one. Use a separate form for each type of sample)

- ☐ C - Check Sample ☐ R - Raw
☐ D - Reg. Distribution ☐ S - Special
☐ P - Plant Tap

Testing Date (104-109)

Mo. Day Yr.
02 21 89

Analyst

C. OUELLETTE

Time

4 : 30 X A.M.
P.M.

Date Reported

FEBRUARY 22, 1989

Remarks

ANALYTICAL LABORATORIES, INC.

MAR 01 1993

Coliform Bacteria ☐ were ☒ were not / found*Michael A. Hume*



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

April 17, 1990

Mr. & Mrs. Von R. Bross
P.O. Box 344
Kinghill, ID 83633

RE: Snake River Basin Adjudication (SRBA)
Elmore County, Notice of Claim, Receipt #C013176

Dear Claimant:

We are returning your Notice of Claim to a Water Right filed for your property in Elmore County. We have noted some problems with your claim which we would like you to correct.

The notary public's verification of the signature of the claimant is a required element of the claim form. After you have obtained the notary public's verification of your signatures at the bottom of the last page, we will be able to process this claim.

Please return the documents to this office to my attention. If you will make these corrections before May 17, 1990, you will not be assessed a late filing fee. Please do not hesitate to contact this office if you have any questions or concerns.

Sincerely,

Donald V. Shaff
Manager, Adjudication Section

DVS:sf:state
Enclosures:

Notice of Claim to a Water Right, Receipt #C013176

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MAR 01 1993



State of Idaho
DEPARTMENT OF WATER RESOURCES

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☐ Public Water Supply ☒ Private Water Supply ☐ Other _____

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County

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PWS Ident (1-7)

Name

VON R. BROSS

Collected by

VON BROSS

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Date Collected (19-24)

Contam. Ident.
(13-16)Trans. Code
(17-18)

City

MERIDIAN

State

ID

Zip Code

83642

Mo.

02

Day

21

Yr.

89

3 0 0 0

0 5

CHECK METHOD USED

☐ TUBE
FERMENTATION

3 0 5

☒ MEMBRANE
FILTER

3 0 3

10cc.

10cc.

10cc.

10cc.

10cc.

No. Confirmed
Tests Pos.

Coliforms/100ml.

Count

Office Use

(25-28)

LAB #1685

(30-32)

ED LANDIS'S PLACE, KINGHILL, ID

NE SW N OF CLOVER CREEK

SECTION 8

(33)

<1.0

(34-37)

12:45

☐ A.M. ☐ P.M.
(29)

(38-41)

(43-45)

(46)

(47-50)

☐ A.M. ☐ P.M.
(42)

(51-54)

(56-58)

(59)

(60-63)

☐ A.M. ☐ P.M.
(55)

(64-67)

(69-71)

(72)

(73-76)

☐ A.M. ☐ P.M.
(68)

(77-80)

(82-84)

(85)

(86-89)

☐ A.M. ☐ P.M.
(81)

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(98)

(99-102)

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C. DUELLETTE

Time

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MAR 01 1993

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THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number

Date Received

Receipt Number

12-4-89

C013176

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

DEC 1 1989

Department of Water Resources

Please type or print clearly

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which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 5 South Range 11 East Section 8,NE 1/4 of SW 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of _____
North of clover creek

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. one well 180 ft
deep 1/3 hp. pump submercible, 1" water pipe to main
house water Holding tank. Berkley control for pump pump is
also a Berkley well casing steel measure 6" Outside diameter
Well has been tested, It is safe to use see sheet which is
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MAR 01 1993

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For domestic purposes from 1-1 to 12-31 amount 0.04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is de minimus acre feet per annum.

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			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	

Total number of acres irrigated 1/4 of 1 acre

11. In which county (ies) are lands listed above as place of use located? Elmore

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.

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We use the Clover creek water to water our garden which is about 30x20 feet we filed a separate claim for it. or None ()

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MICROFILMED
MAR 01 1993

Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use ☒ 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
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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) Don R. Bross Date 11/28/89
Dena A. Bross Date 28 Nov 89

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 _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day of _____ 19 _____

SEAL

Notary Public _____

Residing at _____

My Commission Expires _____

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ will be acting as attorney at law on behalf
of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above
should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

MICROFILMED
MAR U 1 1993

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant

OLD (D) NUMBER -

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

PHONE - 208-336-7737

VON R.

+ - - - STATUS - - - - +

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

(39) ELMORE

MICROFILMED
NOV 29 1996

CERTIFIED
JUN 5 1992
WATER EXAMINER