

AJ5856NP

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

DATE: SEP-2-1997
PAGE: A-3005

RIGHT NUMBER: 47-13736

NAME & ADDRESS: EDWIN O COOK TRUSTEE
BLACKER APPLIANCE & FURNITURE
223 2ND AVE E
TWIN FALLS ID 83301

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 08/15/1940

POINT OF DIVERSION: T10S R16E S27 SENW Within TWIN FALLS County

PURPOSE AND

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

PLACE OF USE: DOMESTIC Within TWIN FALLS County
T10S R16E S27 SENW

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
10S16E273600

4-27-98

Claim proofread by: MH
Date: 9-18

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: A47-13736
Date Received: 2/02/1989
Receipt No: S005363
Received By: WJ

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: EDWIN O. COOK, TRUSTEE
Address: BLACKER APPLIANCE & FURNITURE
223 2ND AVE E
TWIN FALLS, ID 83301
208-733-1804
 2. Date of Priority: AUG 15, 1940
 3. Source: GROUNDWATER Trib. to:
 4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10S	16E	27	SE	NW			TWIN FALLS
 5. Description of diverting works:
200'X6" WELL, 1.5HP 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:
D/1 HOUSE
 10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10S	16E	27	SE	NW		DOMEST	
 11. Place of use in counties: TWIN FALLS
- A47-13736 Page 1 Date: 02/02/89

MICROFILMED
MAR 14 1993

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

13. Other Water Rights Used:
NONE

14. Remarks:
PROPERTY BELONGS TO BLACKER'S PROFIT SHARING PLAN FOR WHICH I
AM TRUSTEE.

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

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

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

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

Notary Public

Seal

Residing at _____

My Commission Expires _____

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. A47-137360

Date Received 12-21-88

Receipt Number 5005363

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

DEC 21 1988

DEC 21 1988

Department of Water Resources
Southern Region Office

For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.

Department of Water Resources
Southern Region Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Edwin O Cook Phone (208) 733-1804

Mailing Address Blocker Profit Sharing Zip 83301

2. Date of Priority (Only one per claim) Aug-15-1940 Month/Day/Year

3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 10 Range 16

Section 27 ~~10~~ 1/4 of 10 1/4 of _____ 1/4, Govt. Lot _____, BM.,

County of Twin Falls

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well. Well 6" casing, 200 ft deep 1 1/2 horse pump. pipe to house

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

For Domestic purposes from January 1 Month/Day Dec 31 Month/Day 0.04 (cfs) amount 0.04

(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (cfs)

8. Total consumptive use claimed is de minimus

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9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 household Domestic

10. Place of use is: Township: 10 Range 16
Section 27, SE 1/4 of NW 1/4 1/4, Govt. Lot _____, B.M.,

County of TWIN FALLS for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

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

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

14. Remarks: Belongs to store profit sharing plan of which I am President and have majority stock holder and plan Trustee

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

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

Number of Attachments _____

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

Signature of Claimant (s) Edwin O. Cook Date 12-17-88
_____ Date _____

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

of Blacker Appliances & Furniture profit sharing plan, that I have signed the foregoing
Organization trustee Title Blacker Appliances & Furniture profit
document in the space below as _____ of sharing plan
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Edwin O. Cook Date 12-17-88

Title and Organization Trustee of Blacker Appliances & Furniture profit sharing plan

State of Idaho/or _____ }
County of _____ } SS.

Subscribed and sworn (or affirmed) before me this 19th day of Dec. 1988

SEAL

Notary Public Robert S. Glean

Residing at Twin Falls, Idaho

My Commission Expires Apr. 6, 1991

Last Name _____ Ident No. _____

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Copies: White-State, Yellow-Claimant
MAR 14 1993