

AJ5856NP

IDAHO DEPARTMENT OF WATER RESOUR
RECOMMENDED WATER RIGHTS ACQUIRED UNDER ST

RIGHT NUMBER: 47-15251

NAME & ADDRESS: HELEN L GOLAY
BRENT I GOLAY
564 BLUE LAKES S
TWIN FALLS ID 83301

SOURCE: UNKNOWN SPRING

QUANTITY: 0.04 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL
GALLONS PER DAY.

PRIORITY DATE: 06/01/1941

POINT OF DIVERSION: T14S R18E S13 SENESW

PURPOSE AND
PERIOD OF USE: PURPOSE OF USE
DOMESTIC 1 CABIN

PLACE OF USE: DOMESTIC Within TWIN FALLS Cou
T14S R18E S13 SWSE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WA

THE QUANTITY OF WATER DECREED FOR THIS WATER
DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE
PARCEL NO. SC 14S18E130008



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

Phone: (208) 327-7900 FAX: (208) 327-7866

RECEIVED
OCT 07 1998
Department of Water Resources

RECEIVED

OCT 21 1998

September 24, 1998

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

Department of Water Resources
Southern Region

BRENT & HELEN GOLAY
PO BOX 1508
TWIN FALLS ID 83303-1508

Re: Snake River Basin Adjudication (SRBA)

Notice of Claim #47-15251

Change of Address

*Record modified to 1598,
previous by
C. Carter 8/98.*

Dear Claimants:

IDWR has been notified the address presently in our records is incorrect. Although we have reached you at the address above, we need your written confirmation this is your correct mailing address before we can change our records. Future notices related to your water right can be sent only to the address on your water right or as otherwise changed by you.

Please sign your name at the bottom of this letter and return it to this office. Make corrections to your name and address if necessary **and list any other water rights you may have** before returning this letter by October 15, 1998. Thank you for your help.

If your mail delivery address changes in any form, please contact us in writing so we can update our records.

If there has been a change in ownership of the property connected with the water right referenced above, please call this office toll-free at 1-800/451-4129 to obtain a form to make this required change to the water right record.

Sincerely,

Sally Sherman
Technical Records Specialist
Adjudication Bureau

SS:region

#####

The address is correct as shown above or as otherwise changed.

Helen L. Golay
Claimant Signature

208-733-7749
Telephone No.

return
to sender

fee due **50c**

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1301 North Orchard Street, P.O. Box 83720
Boise, Idaho 83720-0098

ADDRESS SERVICE
REQUESTED

RESORT
FIRST CLASS



0295

PM METER
7025448

U.S. POSTAGE

RECEIVED

AUG 17 1998

Department of Water Resources

IMPORTANT WATER RIGHT INFORMATION

only w/r

47-15251
HELEN L GOLAY
BRENT I GOLAY
564 BLUE LAKES S
TWIN FALLS ID 83301

GOLA564 833012017 1897 08 08/14/98
FORM 3547
GOLAY
PO BOX 1506
TWIN FALLS ID 83303-1506



U.S. POSTAL SERVICE
PS FORM 3547

1978 SEP 15 AM 11:38

DISTRICT COURT - SRBA

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

In Re SRBA

Case No. 39576

NOTICE OF COMPLETED ADMINISTRATIVE PROCEEDINGS

SUBCASE NO. 47-15251

IDWR has completed the following Administrative proceeding: **CHANGE OF ADDRESS**

Name and New Address of Claimant:

Brent I Golay
Helen L Golay
PO Box 1508
Twin Falls ID 83303
Phone: 734-1531/733-7749

The Claimant has filed Objections or Responses to the following water rights: None

IDWR certifies that it has completed its investigation into the changes to the elements of the water rights listed above as set forth in the attached *Amended Director's Reports* for said water rights. No other changes have been made to the elements of these water rights except as set forth above.

IDWR has served copies of the *Notice of Completed Administrative Proceeding* and *Director's Report(s)* on the claimant(s), prior claimant(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

DATED:

Signature of IDWR Representative

CERTIFICATE OF MAILING

I certify that on 9-15, 1998, 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
PO Box 2707
Twin Falls ID 83303-2707
2. One Copy to:
Claimant or attorney of record:
Brent I Golay
Helen L Golay
PO Box 1508
Twin Falls ID 83303
3. One Copy to:
Each party in the subcase or attorney of record:
4. One Copy to:
Chief Natural Resources Division
Office of the Attorney General
PO Box 44449
Boise ID 83711-4449
5. 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
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: SEP-2-1998

PAGE: A-25

RIGHTS FROM: SOURCE: UNKNOWN SPRING

RIGHT NUMBER: 47-15251

NAME & ADDRESS: HELEN L GOLAY
BRENT I GOLAY
PO BOX 1508
TWIN FALLS ID 83303

SOURCE: UNKNOWN SPRING

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 06/01/1941

POINT OF DIVERSION: T14S R18E S13 SENESW Within TWIN FALLS County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 1 CABIN	04-01 12-01	0.04 CFS

PLACE OF USE: DOMESTIC Within TWIN FALLS County
T14S R18E S13 SWSE

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. SC 14S18E130008



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

September 15, 1998

**PHILIP E. BATT
GOVERNOR**

**KARL J. DREHER
DIRECTOR**

BRENT I GOLAY
HELEN L GOLAY
PO BOX 1508
TWIN FALLS ID 83303

RE: SRBA Claim(s) 47-15251

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

/tf

RECEIVED

AUG 20 1998

Department of Water Resources
Southern Region



IDAHO DEPT OF WATER RESOURCES
SOUTHERN REGION
222 SHOSHONE ST E
TWIN FALLS ID 83301
(208) 736-3033

Return to
←

CHANGE IN ADDRESS OF THE NOTICE OF CLAIM
IN THE SNAKE RIVER BASIN ADJUDICATION

[] Water Right Number(s): A47-15251

[X] Old Mailing Address: Helen L 4/0r Brent I Golay
564 Blue Lakes S.
Twin Falls ID 83301

[] New Mailing Address: Helen L 4/0r Brent I. Golay
PO Box 1508
Twin Falls ID 83303

[] New Telephone Number: () _____

[X] Signature of Claimant(s): Helen L. Golay

Date: 8-19-98

For IDWR use only:

Initial Review and Data Entry

Date: 8/20/98 By: CC

Further Action Taken

Date: _____ By: _____

Final Review and Data Entry

Date: 8/27/98 By: CC

Further Action Needed:

AJ5856NP

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

DATE: AUG-20-1997
PAGE: A-145

RIGHT NUMBER: 47-15251

NAME & ADDRESS: HELEN L GOLAY
BRENT I GOLAY
564 BLUE LAKES S
TWIN FALLS ID 83301

SOURCE: UNKNOWN SPRING

QUANTITY: 0.04 CFS

PRIORITY DATE: 06/01/1941

POINT OF DIVERSION: T14S R18E S13 SENESW Within TWIN FALLS County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC D/1 CABIN	04-01 12-01	0.04 CFS

PLACE OF USE: DOMESTIC Within TWIN FALLS County
T14S R18E S13 SWSE

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

99 YEAR LEASE FROM US FOREST SERVICE, USDA

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

SC 14S18E130008

Verified by D Smith Date: 9/10/97
Verification Source: Alpha Index

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: A47-15251

Date Received: 1/14/1992

Receipt No: S014061

Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: HELEN L. GOLAY 208-733-7749
Address: 564 BLUE LAKES S.
TWIN FALLS ID 83301

AND/OR

Name: BRENT I. GOLAY 208-734-1531
Address: 564 BLUE LAKES S.
TWIN FALLS ID 83301

2. Date of Priority: JUN 1, 1941

3. Source: UNKNOWN SPRING Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
14S	18E	13	SE	NE	SW		TWIN FALLS

5. Description of diverting works:
SPRING BOX & PIPELINE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	04/01	12/01	0.040		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 CABIN

MICROFILMED
MAR 16 1993

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
14S	18E	13	SW SE		DOMEST	

11. Place of use in counties: TWIN FALLS

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

13. Other Water Rights Used:
NONE

14. Remarks:
99 YEAR LEASE FROM US FOREST SERVICE, USDA

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): X Helen L. Galay Date: X 1-14-92

Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this 14th day
of January 1992

Robert V. Horstall
Notary Public

Seal

Residing at Twin Falls, Idaho

My Commission Expires January 16, 1995

MICROFILMED

MAR 16 1993