

06/14/2004

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

RIGHT NUMBER: 25-14043
NAME AND ADDRESS: BETTY HUMPHRIES
9955 N 15 E
IDAHO FALLS ID 83401

W DEAN HUMPHRIES
9955 N 15 E
IDAHO FALLS ID 83401

SOURCE: SPRING TRIBUTARY: DRY HOLLOW CREEK
QUANTITY: 0.020 CFS
The quantity of water under this right shall not exceed 13,000 gallons per day.
PRIORITY DATE: 09/11/1911
POINT OF DIVERSION:

T01N R40E S19 NESW Within BONNEVILLE County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	01/01 12/31	0.020 CFS
Domestic use is for 1 home.		

PLACE OF USE: DOMESTIC Within BONNEVILLE County
T01N R40E S19 NESW

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.

The quantity of water decreed for this water right is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: Beneficial Use

Water Right 25-14043

SCANNED
OCT 15 2004
1
PROFILED

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 25-14043
Date Received: 3/2/2004
Receipt No: E029804
Received By: MWH

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

BETTY HUMPHRIES Phone: (208)522-2936
9955 N 15 E
IDAHO FALLS ID USA 83401

W DEAN HUMPHRIES Phone: (208)522-2936
9955 N 15 E
IDAHO FALLS ID USA 83401

2. Date of Priority: 09/11/1911

3. Source: SPRING Trib. to: DRY HOLLOW CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
01N	40E	19	NE SW	BONNEVILLE	

5. Description of diverting works:

SPRING BOX THRU PVC PIPELINE TO HOME.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.02	

7. Total Quantity Appropriated is:
0.02 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use
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PROFILED

Acres
SCANNED

OCT 15 2004

01N

40E 19

NE SW

DOMESTIC

11. Place of use in counties: BONNEVILLE

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

13. Other Water Rights Used:

14. Remarks:

AWAITING PAYMENT AND SIGNATURE OF CLAIMANT.

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: _____

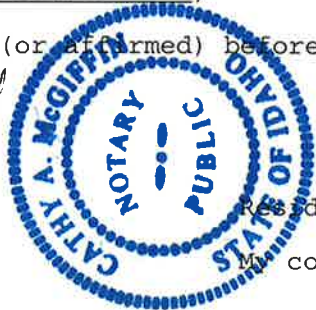
For Individuals:

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

Signature of Claimant(s): Dean Humphries Date: 5-6-04
Betty Humphries Date: 5-6-04

State of Idaho Idaho)
County of Bonneville) SS.

Subscribed and sworn (or affirmed) before me this
of 5/6 2004



Cathy McGiffen
Notary Public
Residing at Idaho Falls
My commission Expires Aug 31, 2004

M H

06/14/2004

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: 25-14043

BETTY HUMPHRIES

9955 N 15 E

IDAHO FALLS ID 83401

Telephone Number: (208)522-2936

W DEAN HUMPHRIES

9955 N 15 E

IDAHO FALLS ID 83401

Telephone Number: (208)522-2936

RECEIVED

OCT 08 2004

Department of Water Resources
Eastern Region

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

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:

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

DATE:

9-30-04

SIGNATURE:

Dean Humphries, Betty Humphries

Please print your name:

W. Dean Humphries, Betty Humphries

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

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OCT 13 2004

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