

10/25/2004

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

RIGHT NUMBER: 25-14131

NAME AND ADDRESS: RAY I ASHMENT
1270 BLAINE AVE
IDAHO FALLS ID 83402

JUDY J ASHMENT
1270 BLAINE AVE
IDAHO FALLS ID 83402

SOURCE: GROUNDWATER

TRIBUTARY:

QUANTITY: 0.040 CFS

The quantity of water under this right shall not exceed 13,000 gallons per day.

PRIORITY DATE: 12/31/1981

POINT OF DIVERSION:

T03N R39E S9 NWNE Within BONNEVILLE County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.040 CFS

Domestic use is for 1 home.

PLACE OF USE: DOMESTIC Within BONNEVILLE County

T03N R39E S09 NWNE

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

SCANNED

NOV 17 2004

PROFILED

Rm

10/25/2004

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: 25-14131

RAY I ASHMENT
1270 BLAINE AVE
IDAHO FALLS ID 83402
Telephone Number: (208)524-2430

JUDY J ASHMENT
1270 BLAINE AVE
IDAHO FALLS ID 83402
Telephone Number: (208)524-2430

RECEIVED
NOV 09 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:

11-3-04

SIGNATURE:

Ray I Ashment
Ray I Ashment

Please print your name:

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

PROFILED

SCANNED

NOV 10 2004

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 25-14131
Date Received: 10/18/2004
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

RAY I ASHMENT Phone: (208)524-2430
1270 BLAINE AVE
IDAHO FALLS ID USA 83402

JUDY J ASHMENT Phone: (208)524-2430
1270 BLAINE AVE
IDAHO FALLS ID USA 83402

2. Date of Priority: 12/31/1981

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot		County	Type
03N	39E	9	NW	NE	BONNEVILLE	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.04 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	Acres
03N	39E	9	NW	NE	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:

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

The quantity of water under this right shall not exceed 13,000 gallons per day.

Domestic use is for 1 home.

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):

Ray & Ashment

Date: 10-18-04

Date: _____

State of Idaho

)

County of Bonneville

)

SS.

Subscribed and sworn (or affirmed) before me this 18 day of October 2004

Jennifer Crabtree

Notary Public

Residing at Idaho Falls Id

My commission Expires 9/23/09

