

UFO (U) NUMBER -

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

1 - 5003 CARPENTER ST.

CITY- DOWNER'S GROVE

STATE- IL ZIP- 60516

PHONE - 312-719-1208

1 - 6003 CARPENTER ST.

1-35

CITY- DOWNER'S GROVE

STATE- IL ZIP- 60516

PHONE - 312-719-1208

STAGE

J - BENEFICIAL USE

+ - - - STATUS - - - - +

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

STREAM INDEX (BLANK IF NO INDEX CODE)

02N 37E 18 SE SF (19) BONNEVILLE

DIVERSION RATE DIVERSION VOLUME

43 - DOMESTIC

01/01

12/31

0.040

+ - TOTAL DIV. RATE - + + - TOTAL DIV. VOLUME - + + - TOTAL DIV. CAPACITY - + + - TOTAL CONSUMPTIVE USE - + + - KW USAGE - +

TWN	RNG	SEC	TRACT	LOT	ACRES	CODE	DESCRIPTION	COUNTY
-----	-----	-----	-------	-----	-------	------	-------------	--------

024

572

43

535

63

16

(19) BONNEVILLE

+ - - DIVERSION MEANS - COMMUNITY WELL, 250' DEEP, 8" CASING, 3 HP PUMP WITH MAINLINE

+ - - NON-IRRIGATION USE - 0/1 HOUSEHOLD

+ - - OTHER RIGHTS FOR SAME USE - NONE

+

THIS CLAIM IS FOR ONE HOUSE ON THE KAREY LANE COMMUNITY WELL DESCRIBED IN LICENSE 35-7693. EACH HOMEOWNER IS FILING A SEPARATE "BENEFICIAL USE" CLAIM FOR EACH HOUSE DESCRIBED IN THE LICENSE WITH DIFFERENT PRIORITY DATES. THIS CLAIM IS FOR LOT 12, BLK 1, SCOTTSVILLE SUBD. #3.

WATER RIGHT NUMBER = 335-12339

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - - - OLD WATER RIGHT NUMBERS - - - - - +

+ - - - - OLD WATER RIGHT NUMBERS - - - - - +

NO OLD WATER RIGHT NUMBERS FOUND.

+ - - - - CONDITIONS OF APPROVAL - - - - - +

NO CONDITIONS OF APPROVAL FOUND.

+ - - - - DECREE PLAINTIFF - - - - - +

+ - - - - DECREE DEFENDANT - - - - - +

+ - DECREE DATE - - - - - +

00/00/0000

+ - - - - AUDIT FIELDS = 10/04/89 CLENICHA

+ - - - - COMMENTS - - - - - +

NO COMMENTS FOUND

+ - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - - +

COURT REPORT FILING - 00/00/0000
OBJECTION FILED DATE - 00/00/0000
RESPONSE FILED DATE - 00/00/0000
CLAIM RECEIVED DATE - 10/03/1989
FROM DUC DATE - 00/00/0000
LICENSED DATE - 00/00/0000
CLAIMS TAPE ERROR FLAG -
FEE EXEMPT FLAG -

FIELD INSPECTION NAME - 00/00/0000
FIELD INSPECTION FLAG -
VERIFIED DATE - 00/00/0000
LAST AMENDED DATE - 00/00/0000
PROOF MADE DATE - 00/00/0000
RECEIPT NUMBER - 0010050
POU OWNERSHIP FLAG -
NAME CONNECTOR - AND/OR

CIVIL CASE NUMBER - 39576
OLD CASE NUMBER -
OLD JUDICIAL DISTRICT -
TEMPORARY RIGHT - P
WATER DISTRICT -
FEDERAL/STATE INDICATOR - S
PRESUMPTION FLAG -

RP 051020010120

Lot 12 BIXI

Scotenville No3

250 N Kany Ln

PROOF
JUN 04 1991

Chas. Whitman
00/00/0000
00/00/0000
00/00/0000
00/00/0000

DATA ENTRY

ENTERED *✓ SD*

CHECKED *8/6/92 AS*

Verified By
Topo Map/Ortho-PQ
ASCS Map
Watermaster Records
NAPP Photos
Field Exam
Other (See Remarks)
County Records
Witness Statement
Project Records
IDWR Records

VERIFIED
JUN - 1991

CERTIFIED
JUN 25 1991
WATER EXAMINER

MICROFILMED
APR 18 1994

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO Office of State Auditor

AGENCY USE

5696
Date
07/01/91
Code
193002

VENDOR: If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME: DEPT. OF WATER RESOURCES

Document No.	
Pre-Audit	Date
Warrant No.	

CHECK ONE:

(1) MISCELLANEOUS EXPENDITURE

() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
ENCUMBRANCE REQUISITION

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No.

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	04 10 162	9337	8831		REFUNDS PER D. SHAFF WR #A35-12639 RECEIPT #E010938 6/21/91 25.00	25.00	
TOTAL						25.00	

NOTE: Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment of the item or items described above. I hereby certify that the items described were ordered by proper authority; that they are necessary in the public service, that the items have been received and accounted for, and that the account as stated is correct and just.

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form; that totals carried hereon are correct; that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is asked are submitted herewith; and that there are funds in the state treasury and balances in appropriation accounts out of which the same may be lawfully paid.

Date

Head of Agency or Institution

State Auditor



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

June 24, 1991

Vincent J. Novick
250 Karey Lane
Idaho Falls, ID 83402

RE: Snake River Basin Adjudication (SRBA)
Bonneville County - #A35-12639
Receipt #E010938, \$25.00

Dear Mr. Novick:

Due to the fact you have withdrawn your claim, the refund process has been initiated with the State Auditor's Office. You should receive your check in the near future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donald V. Shaff'.

Donald V. Shaff
Manager, Adjudication Section

DVS:sf:ref

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DEC 11 1992

REFUND REQUEST

TO: S. Frazee to Log In
FOR: J. Carlson/D. Shaff/D. Allen
FROM: S. Frazee

RE: Payor Vincent J. Novick
Address 250 Karey Ln.
9d Falls, ID 83402

Claimant if NOT Payor Vincent J. and/or Adrienne
Refund Amount \$ 25.00 Claim Location region
Extension Filed? Y/N NA Copy Attached? Y/N NA
Late Fees Paid? Y/N NA On Receipt # -
S.O. Verified Ext. by n/a on -
Refund Generated By () Agent (☒) Claimant
Refund Category with drawal
Date of Last Correspondence (copy attached) -

Claim No.	Use	Fees Paid	Correct Fee	Rec't #
<u>A35-12639</u>	<u>dom.</u>	<u>\$ 25.00</u>	<u>25.00</u>	<u>E010938</u>
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Detailed Reason(s) for Refund Attached ☒ Y/N
Comm. well 35-7698; duplicate filing

Region Adj. Supervisor Approval - John Carlson Approval -
Don Shaff Approval 6-21-91 Hold - To Fiscal 6-24-91
Not Refunded as of 05-30-91 Logged 05-30-91
Data Base Modified? ☒ Y/N ☐ NA By [Signature] Date 6-21-91
Including Δ address.

05/01/91

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SD-62
INQUIRY

Idaho Department of Water Resources
Adjudication Remarks Screen

Date: 05/30/91
Time: 09:29:43

Water Right Number: A35-12639

FIRST PAGE

13. Remarks: THIS CLAIM IS FOR ONE HOUSE ON THE KAREY LANE COMMUNITY WELL DESCRIBED IN LICENSE 35-7698. EACH HOMEOWNER IS FILING A SEPARATE "BENEFICIAL USE" CLAIM FOR EACH HOUSE DESCRIBED IN THE LICENSE WITH DIFFERENT PRIORITY DATES.
THIS CLAIM IS FOR LOT 12, BLK 1, SCOTTSVILLE SUBD. #3.

(GOLD4=Prev Screen) (GOLD6=End of Data)
(GOLD5=Next Screen)

(Enter=Exit)
(GOLD8=Cancel)

On advice each individual filed separately on his individual acre where only one community well existed. I request to withdraw the individual claim and file one claim on the water right license 35-7698.

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RECEIVED

MAY 8 1991

**State of Idaho
Department of Water Resources
REQUEST FOR EXTENSION OF TIME
TO FILE ADJUDICATION CLAIM(S)**

Department of Water Resources

The Idaho Department of Water Resources will consider this form as a request by the claimant for an additional period of time in which to file claim(s) beyond the 90 days allowed by Section 42-1409(10), Idaho Code.

KAREY LANE WELL ASSOC. % WAYNE GEORGESEN Q08 524-4374
Name of Claimant Phone Number

305 KAREY LANE IDAHO FALLS, ID. 83402
Mailing Address City State Zip

BONNEVILLE April 1990
County(s) where place of use is located Date claim originally due

35-07698
Identify water right(s) for which extension is requested

State why an extension of time is requested explaining how a diligent effort has been made to meet the deadline:

On advice each individual filed separately on his
individual acre where only one community well existed.
We request to withdraw the individual claims
and file one claim on the water right license

Claimant requests an extension to June 15, 19 91

Wayne N. Georgeson May 3, 19 91
Signature Date of request

President Karey Lane Well Assoc.
Title

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

The above request for extension of time is hereby [☒ granted] [☐ denied] for the following reasons:

and if granted the filing deadline is extended to June 15, 19 91

Signed this 10 day of May, 19 91

Director or his designated agent

DAVID B. SHAW

Mail to: Idaho Department of Water Resources
1301 N. Orchard St.
Boise, ID 83706

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MAY 8 1991

Department of Water Resources
REQUEST FOR WITHDRAWAL OF CLAIM

Form 25a

Name of Claimant:
(Please Print)

Vincent J. Novick

Mailing Address:

250 KAREY LANE

Amount:

\$ 25

Receipt No.:

E010938

County of Water Right:

BONNEVILLE

Claim No(s).:

A35-12689

I wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above and for which I previously paid a filing fee to the Idaho Department of Water Resources. I do X /do not request a refund of the filing fee. If a refund is requested I have attached an explanation of the justification for granting a refund.

Vincent J. Novick

(Signature of Claimant)

5-3-91

(Date)

(Signature of Claimant)

(Date)

(Signature of Claimant)

(Date)

Return to:

Idaho Department of Water Resources
Adjudication Section

For IDWR Use

Approval Region
Approval State Office
Data Entry
Claim File

Initials

Date

[Signature]

6-21-91

PROFILED

-5-

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4/11/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME NOVICK CLAIM ENT. NO. A35-12639

DATE RECEIVED 9/29/89 CK # _____ AMOUNT \$ _____

	YES	NO	Required Info?
1. Is the name and address complete with zip code?	<u>X</u>	_____	*
2. Is a priority date entered?	<u>X</u>	_____	*
Is the priority date acceptable in view of mandatory filing dates?	<u>X</u>	_____	*
See Adjudication Memos #1 and #4 to determine if a Permit is required.	<u>X</u>	_____	*
3. (a) Is a source entered?	<u>X</u>	_____	*
(b) Is a tributary to entered? (if required) N/A _____	_____	_____	_____
4. Is the legal description of the p.d. sufficient?	<u>X</u>	_____	*
5. Is there a description of the diverting works?	<u>X</u>	_____	_____
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form.	<u>X</u>	_____	*
Is the period of use included?	<u>X</u>	_____	_____
Is a quantity claimed for each use?	<u>X</u>	_____	*
7. Is a total quantity claimed entered?	<u>X</u>	_____	_____
8. If required is a consumptive use entered? N/A _____	_____	_____	_____
Is the consumptive use correct? N/A _____	_____	_____	_____
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4.	<u>X</u>	_____	*
10. Is (are) the place(s) of use and purpose(s) indicated?	<u>X</u>	_____	*
11. Is (are) the county(ies) entered?	<u>X</u>	_____	_____
12. Is the ownership of p.u. checked?	<u>X</u>	<u>X</u>	_____
13. Are other water rights listed or "none" indicated?	<u>X</u>	_____	_____
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) N/A _____	<u>X</u>	_____	_____
15. Is the basis of the claim indicated?	<u>X</u>	_____	_____
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) N/A <u>X</u>	_____	_____	_____
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block.	<u>X</u>	_____	*
18. Has the claim been signed, sealed, and dated by a notary?	<u>X</u>	_____	*
19. Was this claim filed on time, or was an extension granted?	<u>X</u>	_____	*
20. Is the fee enclosed correct? Exempt _____	<u>X</u>	_____	*
21. If this claim is based on an existing water right, has the identification number been entered? N/A <u>X</u>	_____	_____	_____
22. Should this claim be data entered?	<u>X</u>	_____	_____

Claim checked by: TO Date: 10/4/89

Claim must be returned to claimant: _____ (Yes) X (No)

Claimant must be notified of modifications: _____ (Yes) X (No)

Receipt Prepared by: _____ Date: _____

Claim data entered by: _____ Date: _____

Sent to claimant by: _____ Date: _____

Checked by: _____ Date: _____

Comments: (12) Assume "YES"

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X

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: A35-12639
Date Received: 9/29/1989
Receipt No: E010938
Received By: _____

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

1. Name: VINCENT NOVICK 312-719-1208
Address: 6003 CARPENTER ST.
DOWNER'S GROVE, IL 60516

AND/OR

Name: ADRIENNE NOVICK 312-719-1208
Address: 6003 CARPENTER ST.
DOWNER'S GROVE, IL 60516

2. Date of Priority: APR 01, 1978

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
02N	37E	18	SE	SE			BONNEVILLE

5. Description of diverting works:
COMMUNITY WELL, 250' DEEP, 8' CASING, 5 HP PUMP WITH MAINLINE

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 HOUSEHOLD

A35-12639

Page 1

Date: 10/04/89

FILED

SCANNED
OCT 04 2005

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10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
02N	37E	18	SE SE		DOMEST	

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:
NONE

14. Remarks:

THIS CLAIM IS FOR ONE HOUSE ON THE KAREY LANE COMMUNITY WELL DESCRIBED IN LICENSE 35-7698. EACH HOMEOWNER IS FILING A SEPARATE "BENEFICIAL USE" CLAIM FOR EACH HOUSE DESCRIBED IN THE LICENSE WITH DIFFERENT PRIORITY DATES.
THIS CLAIM IS FOR LOT 12, BLK 1, SCOTTSVILLE SUBD. #3.

15. Basis of Claim: BENEFICIAL USE

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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 _____

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OCT 04 2005

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DEC 11 1992

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

Identification No. A35-12639
Date Received 9/29/89 postmarked
Receipt Number E010938NOTICE OF CLAIM
TO A
WATER RIGHTACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.

RECEIVED

OCT - 2 1989

Department of Water Resources
Eastern District Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Vincent ^{and/or} Adrienne Novick Phone (312) 7191208Mailing Address 6003 Carpenter St Downer's Grove, IL Zip 605162. Date of Priority (Only one per claim) 4/1/78 Month/Day/Year3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township 2N Range 37E
Section 18, SE 1/4 of SE 1/4 of _____ 1/4, Govt. Lot _____, BM
County of Bonneville

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. Community well 250ft deep 8" casing 5hp pump with mainline and piped to each home

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

For Domestic purposes from 1-1 to 12-31 amount 0.04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____7. Total quantity claimed 6.04 cfs (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: type and Number of livestock) Domestic / 1 per household

A3512639



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10. Place of use is: Township: 2N Range 37E

Section 18, SE 1/4 of SE 1/4, Govt. Lot _____, B.M.,

County of Bonneville 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? Bonneville

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. None (✓)

14. Remarks: License # 35-76 98 also describes this right except we wish to claim 1st beneficial use priority date. This is a community well managed by Kary Lane Well, Inc. This right is for Scottsville Subdivision #3 block 1 lot 12

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) _____

Number of Attachments _____

By signing I/We acknowledge reading the notice on the back of this claim form. I/We wish to receive for a small annual fee monthly copies of the docket sheet. YES _____ NO _____

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

Signature of Claimant (s) Adrienne H. Norick Date 9/29/89

Warrant of Hab Date 9/29/89

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

of _____, that I have signed the foregoing

document in the space below as _____ of _____

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of _____) SS.

Subscribed and sworn (or affirmed) before me this 29th day of September 19 89



Notary Public Teresa B. Broniec

Residing at Cook County, Illinois

My Commission Expires April 24, 1993

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

SCANNED

OCT 04 2005

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DEC 11 1992

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