

AJ5809NP
No. R35-13189

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 11/10/98
PAGE: 4

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	CAROL CHANDLER	12/21/1906	STOCKWATER	01-01 12-31	0.05 CFS	
C	SAMUEL H CHANDLER		DOMESTIC	01-01 12-31	0.04 CFS	
	345 P ST					
	ROCK SPRINGS WY 82901					
	(307) 382-5379			TOTAL DIVERSION:	0.09 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion: T04S R32E S22 SENE BINGHAM County

Place of use Legal Description for: STOCKWATER

NE				NW				SW				SE			
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac
04S	32E	22	:												
			:												

Place of use Legal Description for: DOMESTIC

NE				NW				SW				SE			
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac
04S	32E	22	:												
			:												

POU County: BINGHAM

Non-Irrigation Uses: 1 HOME

Conditions of Approval:

- N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.
- N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.

Remarks: EXP STOCKWATER, 100 CATTLE, 200 SHEEP

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag: Presumption Flag:

Audit: 11/09/98 JHOAGLAN

PROFILED

SCANNED
OCT 07 2005

get parcel to
RPO0098002

✓ JH 11-10-98

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: **A35-13189**

Date Received: 8/11/1997

Receipt No: E023474

Received By: _____

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

1. Name: SAMUEL H CHANDLER 307-382-5379
Address: 345 P ST
ROCK SPRINGS WY 82901

AND/OR

Name: CAROL CHANDLER 307-382-5379
Address: 345 P ST
ROCK SPRINGS WY 82901

2. Date of Priority: DEC 21, 1906

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
04S	32E	22		SE	NE		BINGHAM

5. Description of diverting works:
WELL AND 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		
STOCKWATER	01/01	12/31	0.050		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
1 HOME, 100 CATTLE, 200 SHEEP

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
04S	32E	22	SE	NE		DOMEST	
			SE	NE		STOCK	

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:

14. Remarks:

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 _____

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OCT 07 2005

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. A35-13189

Date Received August 1 1997

Receipt Number JE023474

NOTICE OF CLAIM
TO A
WATER RIGHT

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

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Samuel H Chandler for Carol Chandler Phone (307) 382-5379

Mailing Address 345 P St, Rock Springs WY Zip 82901

2. Date of Priority (Only one per claim) 12-21-1906 Month/Day/Year

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

which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 4 S Range 32 E

Section 22 1/4 of SE 1/4 of NE 1/4, Govt. Lot _____, BM.,

County of Bingham

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. wells & pumps

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

For <u>Domestic</u>	purposes from	Month/Day <u>1-1</u>	to	Month/Day <u>12-31</u>	amount	(cfs) <u>0.04</u>
(Both dates are inclusive)						
For <u>Stockwater</u>	purposes from	Month/Day <u>1-1</u>	to	Month/Day <u>12-31</u>	amount	<u>0.05</u>

7. Total quantity claimed 0.09 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 home, 100 cattle, 200 sheep

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A3513189



10. Place of use is: Township: 4S Range 32E
Section 22, SE 1/4 of N1E 1/4, Govt. Lot _____, B.M.,
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? Bingham

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

14. Remarks: _____

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 _____ 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) Samuel H. Chandler Date 8-1-97
Carol E. Chandler Date 8-1-97

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

of _____, that I have signed the foregoing
Organization

document in the space below as _____ of _____
Title Organization

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 Bonneville) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 1st August day of August 19 97

SEAL

Notary Public Ernest Carlson

Residing at Albion Falls

My Commission Expires 6-14-2000

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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OCT 07 2005

November 20, 1998

RECEIVED

DEC 04 1998

Department of Water Resources

**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: December 18, 1998

Water right number: 35-13189

SAMUEL H CHANDLER
CAROL CHANDLER
345 P ST
ROCK SPRINGS WY 82901

Daytime Telephone Number:

Evening Telephone Number:

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: 11-30-98 SIGNATURE: *Samuel H Chandler*
Please print your name: SAMUEL H CHANDLER

IDWR Eastern Regional Office, 900 N. Skyline Drive, Suite A, Idaho Falls, ID 83402-1718, (208) 525-7161

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OCT 07 2005

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