



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, ID 83402-1718 • Phone: (208) 525-7161 FAX: (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

July 11, 2003

LYLE & JUTTA O MYER
N 2000 MEYER RD
POST FALLS ID 83854

RE: NOTICE(S) OF CHANGE OF WATER RIGHT OWNERSHIP
NOTICE(S) OF CLAIM TO A WATER RIGHT 75-10775, 75-14004

Dear Mr. & Mrs. O'Myer:

The request for Change of Water Right Ownership concerning the above-referenced Notice(s) of Claim has been processed and the Department's records updated to reflect you as the new claimant.

The enclosed report shows this change along with listing the elements of the water right being claimed. Please review this report and contact this office if there are corrections or questions.

Respectfully yours,

Kristen Forsgren
Office Specialist 1

Enclosure

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

SEP 26 2001

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

A75-10775

Identification No. 750028 1750029
Date Received 3-10-90
Receipt Number E014418

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.

RECEIVED

MAY 10 1990

Department of Water Resources
Eastern District Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) DALE E MEDDOCK Phone (916) 662-2513
Mailing Address PO Box 8075 WOODLAND CALIF Zip 95695

2. Date of Priority (Only one per claim) APRIL 1, 1894 Month/Day/Year

3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 21 N Range 22 E
Section 18, NE 1/4 of NW 1/4 of NE 1/4, Govt. Lot -, BM
County of Lemhi

Additional points of diversion if any: -

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc.), including the dates changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the of each well. _____

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

For Domestic purposes from 1-1 Month/Day to 12-31 Month/Day amount 0.04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (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) Domestic - one household

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A7510775



10. Place of use is: Township: 21N Range 22E
Section 18, NE 1/4 of NW 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? Lemhi

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 or _____

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree
Court _____ Decree Date 6-24-1915 Plaintiff vs Defendant H.V. FERGUSON ET AL VS J. FERGUSON ET AL
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 0

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

Signature of Claimant (s) x [Signature] Date MAY 7 1990
_____ Date _____

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 _____

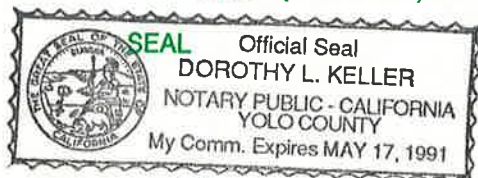
Title and Organization _____

State of Idaho or California)

County of Yolo) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 7th day of May 1990



Notary Public Dorothy L. Keller

Residing at Woodland CA 95695

My Commission Expires May 17, 1991

Last Name Meddock Ident No. _____

Copies: White-State, Yellow-Chinaman

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4/5/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME

MEDDOC

CLAIM

ENT. NO.

A75-10775

DATE RECEIVED

CK #

AMOUNT \$

YES

NO

Required
Info?

1. Is the name and address complete with zip code? ☐ YES ☐ NO *
2. Is a priority date entered? ☐ YES ☐ NO *
- Is the priority date acceptable in view of mandatory filing dates? ☐ YES ☐ NO *
- See Adjudication Memos #1 and #4 to determine if a Permit is required. ☐ YES ☐ NO *
3. (a) Is a source entered? ☐ YES ☐ NO *
- (b) Is a tributary to entered? (if required) ☐ YES ☐ NO N/A ☐ YES ☐ NO *
4. Is the legal description of the p.d. sufficient? ☐ YES ☐ NO *
5. Is there a description of the diverting works? ☐ YES ☐ NO *
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. ☐ YES ☐ NO *
- Is the period of use included? ☐ YES ☐ NO *
- Is a quantity claimed for each use? ☐ YES ☐ NO *
7. Is a total quantity claimed entered? ☐ YES ☐ NO *
8. If required is a consumptive use entered? ☐ YES ☐ NO N/A ☐ YES ☐ NO *
- Is the consumptive use correct? ☐ YES ☐ NO N/A ☐ YES ☐ NO *
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. ☐ YES ☐ NO N/A ☐ YES ☐ NO *
10. Is (are) the place(s) of use and purpose(s) indicated? ☐ YES ☐ NO *
11. Is (are) the county(ies) entered? ☐ YES ☐ NO *
12. Is the ownership of p.u. checked? ☐ YES ☐ NO *
13. Are other water rights listed or "none" indicated? ☐ YES ☐ NO *
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.) ☐ YES ☐ NO N/A ☐ YES ☐ NO *
15. Is the basis of the claim indicated? ☐ YES ☐ NO *
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) ☐ YES ☐ NO N/A ☐ YES ☐ NO *
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☐ YES ☐ NO *
18. Has the claim been signed, sealed, and dated by a notary? ☐ YES ☐ NO *
19. Was this claim filed on time, or was an extension granted? ☐ YES ☐ NO *
20. Is the fee enclosed correct? ☐ YES ☐ NO Exempt ☐ YES ☐ NO *
21. If this claim is based on an existing water right, has the identification number been entered? ☐ YES ☐ NO N/A ☐ YES ☐ NO *
22. Should this claim be data entered? ☐ YES ☐ NO *

Claim checked by: JLDate: 12-14-90Claim must be returned to claimant: ☐ (Yes) ☐ (No)Claimant must be notified of modifications: ☐ (Yes) ☐ (No)

Receipt Prepared by: _____

Date: _____

Claim data entered by: _____

Date: _____

Sent to claimant by: _____

Date: _____

Checked by: _____

Date: _____

Comments: #4: (4.10C) ; #5: Code Well + Pump Code 13, None

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APR 19 1994

APRIL 7 1993

DALE E MEDDOCK
RT 1 BOX 154
SALMON ID 83467

RE: DOMESTIC ADJUDICATION NOTICE A75-10775

Dear Mr. Meddock:

Pursuant to our telephone conversation, this date, regarding your Notice of Claim to a Water Right, A75-10775, I am forwarding a computer generated copy for your review and verification.

The legal description indicating the location of your domestic well, in Item #4, is in conflict the place of use, Item #10. Generally, these are the same for domestic wells. Therefore, I have enclosed a map of the area indicating it's location from my interpretation of our conversation. If this is not accurate, please indicate on the other map the location of the well and return it to me. You may, however, submit your own detailed map.

In addition, A description of the diversion works must be entered in Item #5, for example; well/pump, spring box, or headgate/ditch. Include the dimensions such as depth, casing size, pump horsepower, etc., if known.

Review the Notice for accuracy. There may be an instance(s), in addition to the above item(s), where a clarification(s) was made by the Department. Should you determine certain items need to be changed, make the necessary changes on this form. **Sign the form before a Notary and return it to this office by April 23, 1993.**

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APR 19 1994

MEDDOCK
PAGE 2

If you should have any questions regarding this matter please
feel free to contact me at (208) 525-7161.

Respectfully submitted,

Allen B. Ruberry
Sr. Water Resource Agent
Adjudications Bureau

Enclosures: Notice of Claim A75-10775
Area maps (2)

File: TIC

DALE E. MEDDOCK
DIANA W
Rt 1 Box 154
Salmon ID 83467
Ph: 756-4521
~~2A phone #~~

RD 21N22E18 0605

04/07/93 Conversation puts well in
NW & NE 4

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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: **A75-10775**
Date Received: 4/ 8/1993
Receipt No: E014418
Received By: _____

AMENDED

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

AMENDED

1. Name: DALE MEDDOCK 208-756-4521
Address: RT. 1 BOX 154
SALMON ID 83467

2. Date of Priority: APR 1, 1894

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
21N	22E	18	NW	NE			LEMHI

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		

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:
DOMESTIC, 1 HOUSE.

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
21N	22E	18	NW	NE		DOMEST	

11. Place of use in counties: LEMHI

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

13. Other Water Rights Used:
NONE

14. Remarks:
DECREED 6-24-1915

15. Basis of Claim: DECREED

Case Number:

Court :

Decree date: 6/24/1915

HV FERGUSON ET AL
Decree Plaintiff

UST FERGUSON ET AL
vs Decree Defendant

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 _____

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 75-10775
Date Received: 5/10/1990
Receipt No: E014418
Received By:

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

1. Name of Claimant(s)

LYLE O MYER Phone: (208)765-6468
N 2000 MEYER RD
POST FALLS ID USA 83854

JUTTA O MYER Phone: (208)765-6468
N 2000 MEYER RD
POST FALLS ID USA 83854

2. Date of Priority: 04/01/1894

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
21N	22E	18	NW NE	LEMHI	

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	1/01	12/31	0.04	

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

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
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21N

22E 18

NW

NE

DOMESTIC

11. Place of use in counties: LEMHI

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

13. Other Water Rights Used:

14. Remarks:

DECREED 6-24-1915

15. Basis of Claim: Decreed