

IDAHO DEPARTMENT OF WATER RESOURCES  
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: OCT-29-1996

PAGE: A-52

RIGHTS FROM: SOURCE: GROUNDWATER

RIGHT NUMBER: 36-11162

NAME AND ADDRESS: BETTY E STEWART  
FRANK R STEWART  
RT 4 BOX 230  
BUHL ID 83316

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

THE QUANTITY FOR NON-IRRIGATION USE IS LIMITED TO THE AMOUNT BENEFICIALLY  
USED FOR DOMESTIC & HOUSE

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000  
GALLONS PER DAY.

PRIORITY DATE: 04/04/1976

POINT OF DIVERSION: T09S R14E S02 LOT 9 (NWSESE) Within GOODING County

PURPOSE AND  
PERIOD OF USE:PURPOSE OF USE  
DOMESTIC 1 HOMEPERIOD OF USE  
01-01 12-31QUANTITY  
0.04 CFSPLACE OF USE: DOMESTIC Within GOODING County  
T09S R14E S02 NWSE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A  
DETERMINATION OF HISTORICAL BENEFICIAL USE.

PARCEL NO. RP 00200001003A/

PROPERTY ALSO KNOWN AS LOT 3 BLOCK 1; LOT 2 BLOCK 2 CLEAR LAKES  
SUBDIVISION

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

PARCEL NO. RP 00200001003A/

PROPERTY ALSO KNOWN AS LOT 3 BLOCK 1; LOT 2 BLOCK 2 CLEAR LAKES  
SUBDIVISION

Should well be  
therefore OK?  
ck out  
KFC

pat

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: A36-11162  
Date Received: 9/01/1988  
Receipt No: C004203  
Received By: \_\_\_\_\_

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: FRANK R. STEWART  
Address: RT. 4, BOX 230  
BUHL, ID 83316 208-543-6933

AND

Name: BETTY E. STEWART  
Address: RT. 4, BOX 230  
BUHL, ID 83316 208-543-6933

2. Date of Priority: APR 04, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County  |
|----------|-------|---------|--------|--------|--------|-----|---------|
| 09S      | 14E   | 2       | NW     | SE     | SE     | 9   | GOODING |

5. Description of diverting works:  
WELL, 100' DEEP, 6" DIA.

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 HOUSE

10. Place of Use:

| Township | Range | Section | 1/4 of 1/4 | Lot | Use    | Acres |
|----------|-------|---------|------------|-----|--------|-------|
| 09S      | 14E   | 2       | NW SE      |     | DOMEST |       |

11. Place of use in counties: GOODING

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

13. Other Water Rights Used:  
NONE

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 \_\_\_\_\_

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

Ident. Number A36-11162Date Received 9-1-88Receipt Number C004203NOTICE OF CLAIM  
TO A  
WATER RIGHT

RECEIVED

SEP 1 1988

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Department of Water Resources  
Southern Region Office

Where Daily Use is less than 13,000 gallons per day. Filing fee \$25

Please type or print clearly

1. Name of Claimant (s) FRANK R. & BETTY E. STEWART Phone (208) 543-6933Mailing Address Route 4 Box 230 Buhl, Ida. Zip 833162. Date of Priority (Only one (1) per claim) APRIL 4, 19763. Source of water supply (a) GROUND WATER  
which is tributary to (b) SNAKE RIVER4. Location of point of diversion is: Township 9S Range 14ESection 2, NW 1/4 of SE 1/4 of SE 1/4, Govt. Lot 9, B.M.,County of GoodingAdditional points of diversion if any: N.A.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. Well, Dia. 6", Depth 100 FT  
CASING 100 FT

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

(Both dates are inclusive) (cfs)  
For Domestic purposes from 1-1 to 12-31 amount 0.04For N.A. purposes from N.A. to N.A. amount N.A.7. Total quantity claimed 0.04 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served; Stockwater: Type and number of  
livestock) 1 Household

MICROFILMED

Copies: White State, Yellow Claimant  
FEB 12 1993

10. Place a "D" for domestic and "S" for stockwater use in the corresponding place of use below.

| TWP | RNG | SEC | NE 1/4 |       |       |       | NW 1/4 |       |       |       | SW 1/4 |       |       |       | SE 1/4 |       |       |       |
|-----|-----|-----|--------|-------|-------|-------|--------|-------|-------|-------|--------|-------|-------|-------|--------|-------|-------|-------|
|     |     |     | NE1/4  | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 |
| 9S  | 14E | 2   |        |       |       |       |        |       |       |       |        |       |       |       |        | D     |       |       |

11. In which county (ies) are lands listed above as place of use located? Gooding

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.  
\_\_\_\_\_ or None (X)

14. Remarks: NA

15. Basis of Claim (check one) Beneficial Use X Posted Notice \_\_\_\_\_ License \_\_\_\_\_ Permit \_\_\_\_\_  
Decree \_\_\_\_\_

If applicable provide IDWR Water Right Number NA  
Court NA Case Number NA Decree Date NA  
Plaintiff vs Defendant NA

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 X do not X 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) Betty E. Stewart Date 8-31-88  
Frank Stewart Date 8-31-88

**For Organizations:** I do solemnly swear or affirm that I am \_\_\_\_\_ Title \_\_\_\_\_  
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 \_\_\_\_\_

Title and Organization \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho/or \_\_\_\_\_ )  
County of Twins Falls ) SS.

Subscribed and sworn (or affirmed) before me this 31<sup>st</sup> day of August 19 88

SEAL

Notary Public Karl E. Swigley

Residing at Buhl ID

My Commission Expires 11-17-92

Last Name STEWART Ident No. \_\_\_\_\_

Copies White, State, Yellow, Cleanroom

FEB 12 1988

1/23/1988

## SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME StewartCLAIM IDENT. NO. A36-11162DATE RECEIVED 9-1-88CK # 0004203

AMOUNT \$

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

Claim checked by: letDate: 3-13-89

Claim must be returned to claimant:

(Yes) ☐ (No) ☐

Claimant must be sent a copy of amended claim for approval:

(Yes) ☐ (No) ☐Receipt Prepared by: Danni SmithClaim data entered by: letSent to claimant by: letDate: 12-20-88Date: 3-13-89Date: 3-13-89Checked by: let Date: 3-13-89

Comments:

MICROFILMED

FEB 12 1990

WATER RIGHT NUMBER - A36-11162

ADJ. FLAG TRANSLATION: ADJUDICATION TEMPORARY WORK AREA

OLD (D) NUMBER -

+ - - - - - LAST NAME - - - - - +

+ - FIRST NAME - - +

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

\*\*\* C - CURRENT OWNER \*\*\*  
STEWART

FRANK R.

1 - RT. 4, BOX 230

2 -

3 -

CITY- BUFL

STATE- ID ZIP- 83316

PHONE - 208-543-6933

1 - RT. 4, BOX 230

2 -

3 -

CITY- BUFL

STATE- ID ZIP- 83316

PHONE - 208-543-6933

STEWART

BETTY E.

+ - - PRIORITY DATE - - +  
04/04/1976+ - - - REGION - - - +  
ERROR IN REGION+ - - - STAGE - - - +  
J - BENEFICIAL USE

+ - - - STATUS - - - - +

+ - - - - - SOURCE - - - - - +  
GROUNDWATER

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

+ - - - - - POINT OF DIVERSION - - - - - +  
TWN RNG SEC TRACT LOT RFLG COUNTY STREAM INDEX (BLANK IF NO INDEX CODE)

09S 14E 2 NW SE SE 9 (47) GOODING

+ - - - - - WATER USE - - - - - +  
CODE DESCRIPTION PERIOD FROM PERIOD TO 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 - +  
0.040+ - - - - - PLACE OF USE - - - - - +  
TWN RNG SEC TRACT LOT ACRES CODE DESCRIPTION COUNTY

09S

14E

2

NW SE

LOT

ACRES

CODE

43 DOMESTIC

DESCRIPTION

(47) GOODING

TOTAL ACRES:

+ - - DIVERSION MEANS - WELL, 100' DEEP, 6" DIA.

+ - - NON-IRRIGATION USE - D/I HOUSE

+ - - OTHER RIGHTS FOR SAME USE - NONE

+ - - - - - REMARKS - - - - - +  
NO REMARKS FOUND.+ - - - - - OLD WATER RIGHT NUMBERS - - - - - +  
NO OLD WATER RIGHT NUMBERS FOUND.PROOF  
NOV 26 1990

MICROFILMED

FEB 12 1993

WATER RIGHT NUMBER - A36-11162

ADJ. FLAG TRANSLATION: ADJUDICATION TEMPORARY WORK AREA

+ - - - - CONDITIONS OF APPROVAL - - - - -  
NO CONDITIONS OF APPROVAL FOUND.

+ - - - - DECREE PLAINTIFF - - - + + - - - - DECREE DEFENDANT - - - + + - DECREE DATE - +  
00/00/0000

+ - - - - COMMENTS - - - - -  
NO COMMENTS FOUND

+ - - AUDIT FIELDS - 03/13/89 HARRINGT 10/03/89 REFUNCML

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

|                       |              |                       |              |                         |         |
|-----------------------|--------------|-----------------------|--------------|-------------------------|---------|
| COURT REPORT FILING   | - 00/00/0000 | FIELD INSPECTION MADE | - 00/00/0000 | CIVIL CASE NUMBER       | - 39576 |
| OBJECTION FILED DATE  | - 00/00/0000 | FIELD INSPECTION FLAG | -            | OLD CASE NUMBER         | -       |
| RESPONSE FILED DATE   | - 00/00/0000 | VERIFIED DATE         | - 00/00/0000 | OLD JUDICIAL DISTRICT   | -       |
| CLAIM RECEIVED DATE   | - 12/20/1988 | LAST AMENDED DATE     | - 00/00/0000 | TEMPORARY RIGHT         | - P     |
| CLAIMS TAPE ERROR FLG | -            | RECEIPT NUMBER        | - C004203    | WATER DISTRICT          | -       |
| FEE EXEMPT FLAG       | -            | POU OWNERSHIP FLAG    | - Y          | FEDERAL/STATE INDICATOR | - S     |
|                       |              | NAME CONNECTOR        | - AND        | PRESUMPTION FLAG        | -       |

RP 00200001003A  
Lot 3 Blk 1  
Lot 2 Blk 2  
Clear Lakes Subd

DATA ENTRY

ENTERED 7-30  
CHECKED OK 3/13/92 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

PROOF  
NOV 26 1990

CERTIFIED  
DEC 27 1990

WATER EXAMINER

VERIFIED  
NOV 25 1990