

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

FEB 23 2026

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Claim ID: 57-12120

OC Clerk
Deputy Clerk

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) ROCKY A. CONNER Phone (208) 880-0107

Mailing address 2626 OLD DUMP ROAD HOMEDALE, ID Zip 83628
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 01/01/1956 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. Location of point of diversion is: Township 3N, Range 5W, Section 8,
NW 1/4 of NW 1/4, or Govt. Lot NE BM, County of OWYHEE;

Parcel no. _____

Additional points of diversion, if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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.

6 inch diameter well with 3/4 HP pump and 25 feet of 1 inch pipe to house.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic purposes from 1/1 to 12/31 amount 0.04 cfs (✓) or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic use for 1 home.

9. Location of place of use is: Township 3N, Range 5W, Section 8,
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any SWNWNE for second home that is part of a separate claim.

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

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
NONE or None (✓)

13. Remarks (include an explanation of the priority date selected):
DATE IS WHEN THE WELL AND HOME WERE FIRST USED.

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **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: 2

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) [Signature] Date: 1-25-20

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Agent's title (Please print) _____ of _____ Name of organization (Please print) _____

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

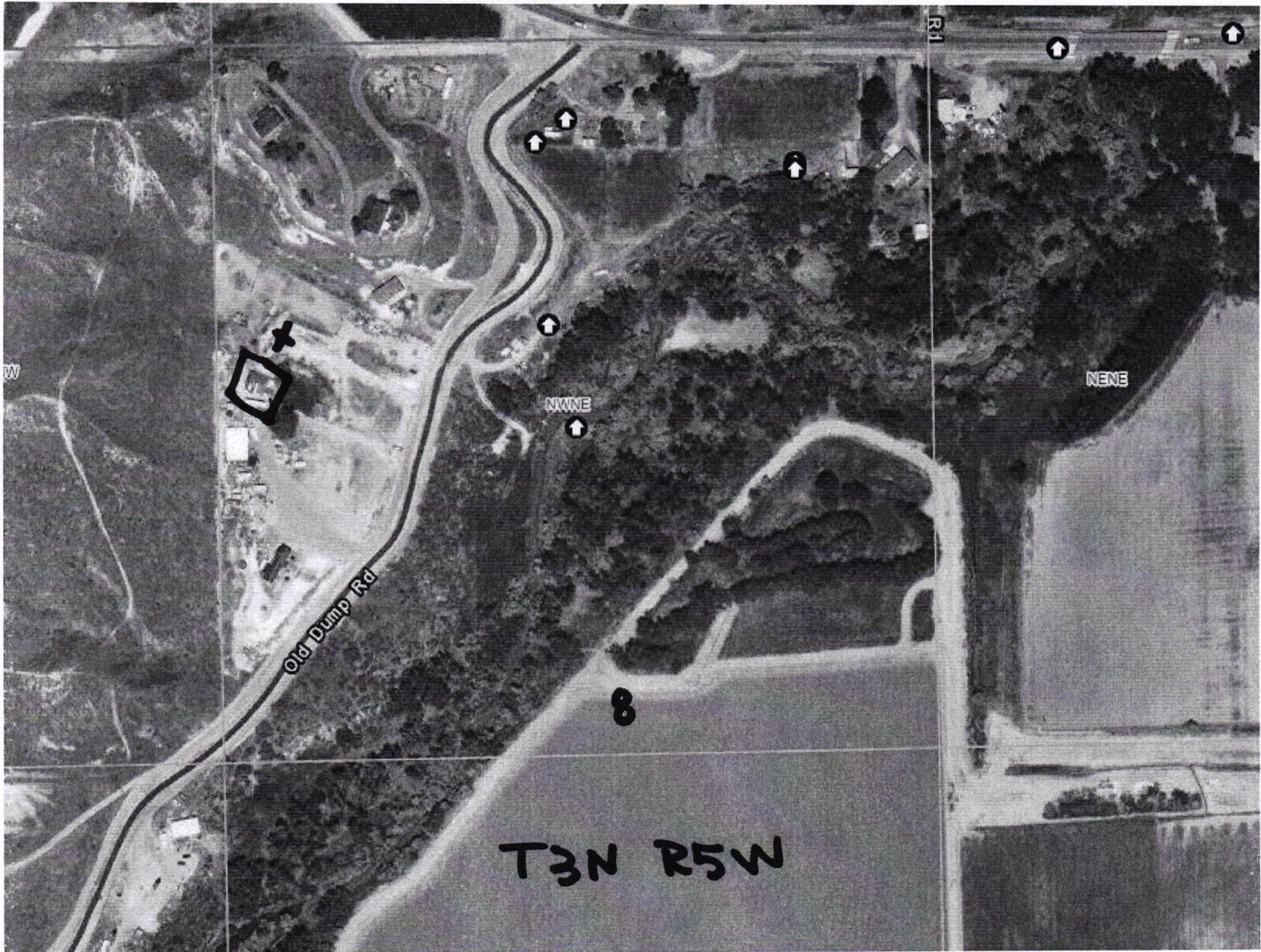
Notice is hereby given that I, (please print) Candice McHugh, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature [Signature] Date 2/18/2020

Address 380 S 4th St, Ste. 103, Boise, ID 83702

Name of claimant(s) ROCKY A. CONNER Claim ID 57-12120

Claim No. 57-12120



X = POD
□ = POU

RP03N05W080910

CONNER, ROCKY A & TAMMY H/W

2626 OLD DUMP RD

534

Printed 02/18/2026

Card No. 1 of 1

CONNER, ROCKY A & TAMMY H/W
 2626 OLD DUMP RD
 HOMEDALE, ID 83628 USA
 TAX 27B 8 3N 5W
 Neighborhood Number
 1000000
 Neighborhood Name
 Area 1 Out of Town
 Property Class
 534 534 Res imp on Cat 12
 TAXING DISTRICT INFORMATION
 Jurisdiction Name Owyhee
 Area 001
 District 044000

Transfer of Ownership

Site Description
 Topography
 Public Utilities
 Street or Road
 Neighborhood
 Zoning:
 Legal Acres:
 4.2950

Valuation Record

Assessment Year	2019	2020	2021	2022	2023	2024	2025	
Reason for Change	5Y Reval	5Y Reval	5Y Reval	5Y Reval	5Y Reval	5Y Reval	5Y Reval	
Market Value	L I T	66100 94471 160571	66100 101378 167478	97263 108715 205978	113686 149185 262871	113686 204450 318136	113686 204450 318136	120177 202830 323007



Land Size

Land Type	Rating, Soil ID - or - Actual Frontage	Acreage - or - Effective Frontage	Square Feet - or - Effective Depth	Influence Factor
Homesite Cat 12 Excess Land w/HO	25	1.0000 3.2950		

Physical Characteristics

Occupancy: Single family

Story Height: 1.0
 Finished Area: 1570
 Attic: None
 Basement: None

ROOFING

Material: Enamel steel
 Type: Gable
 Framing: Std for class
 Pitch: Not available

FLOORING

Slab 1.0
 Base Allowance 1.0

EXTERIOR COVER

Wood siding 1.0

INTERIOR FINISH

ACCOMMODATION

Finished Rooms 5
 Bedrooms 2

HEATING AND AIR CONDITIONING

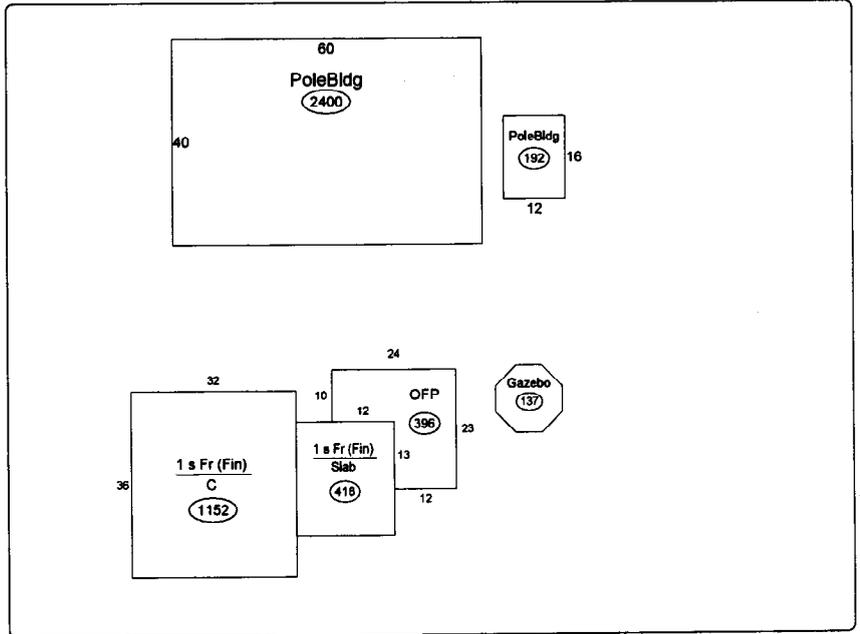
Primary Heat: Forced hot air-elec
 Lower Full Part
 /Bsmt 1 Upper Upper

PLUMBING

	#	TF
3 Fict. Baths	1	3
Kit Sink	1	1
Water Heat	1	1
TOTAL		5

REMODELING AND MODERNIZATION

Amount Date



Special Features

Description

D : Remod 2002
 Basic allowance
 04 : Concrete floor,
 Electric - service/outlet/fixt,
 Insulation (sf), Plumbing
 05 : Two sides open, Dirt floor

Summary of Improvements

ID	USE	Story Height	Const Type	Grade	Year Cons	Eff Year	Cond	Size or Area
D	DWELL	0.00		Fair	1948	1970	F	1570
04	POLEBLDG	16.00		Avg	2004	2004	AV	40x 60
05	POLEBLDG	10.00		Low	2005	2005	VP	12x 16
06	OFF	0.00		Low	1980	1980	F	396
07	GAZEBO	8.00		Low	2000	2000	F	5x 6

RECEIVED

AUG 05 1993

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

USE TYPEWRITER OR
RECEIVED

AUG 23 1993

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

Department of Water Resources

1. WELL OWNER
Name Cliff Nielsen
Address Rt. 1 Box 1212 A Hamedal Id.
Drilling Permit No. 57-93-G-0015-000
Water Right Permit No. _____

2. NATURE OF WORK
 New well Deepened Replacement
 Well diameter increase
 Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE
 Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

4. METHOD DRILLED
 Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION
Casing schedule: Steel Concrete Other _____
Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? Yes No
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch Gun
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? Yes No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 20' Material used in seal: Cement grout
 Bentonite Puddling clay _____
Sealing procedure used: Slurry pit Temp. surface casing
 Overbore to seal depth
Method of joining casing: Threaded Welded Solvent
Weld _____
 Cemented between strata
Describe access port None yet

6. LOCATION OF WELL - Old Dump RD
Sketch map location must agree with written location.
Subdivision Name None
Lot No. _____ Block No. _____
County Owyhee
NW NE Sec. 8 T. 34 S R. 5 W

7. WATER LEVEL
Static water level 40 FT feet below land surface.
Flowing? Yes No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: Valve Cap Plug
Temperature 52 °F. Quality Good
Describe artesian or temperature zones below.

8. WELL TEST DATA
 Pump Bailor Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>13 G.P.M.</u>	<u>160</u>	<u>1 hr</u>

9. LITHOLOGIC LOG 70626

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8 in	0	20	Light Brown Clay		X
6 in	20	25	Light Brown Clay		X
6 in	25	120	Dark Blue Clay		X
6 in	120	122	Soft Blue Clay	X	
6 in	122	230	Blue Clay		X
6 in	230	235	Soft Blue Clay	X	
6 in	235	270	Blue Clay		X
6 in	270	280	Soft Blue Clay	X	

10. Work started 4/21/93 finished 7-7-93

11. DRILLERS CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name Pony Steer Drilling Firm No. 498
Address 818 N. Illinois St. Coeur d'Alene Idaho 83814 Date 7-17-93
Signed by (Firm Official) Pony Steer
and
(Operator) V.R. Dayton

RECEIVED

AUG 18 1993

Department of Water Resources
Washington Regional Office

FEB 08 1994