

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 A 21-11971

Date Received 7008367

Receipt Number _____

RECEIVED
FEB 03 1989

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

Department of Water Resources

A211971

Please type or print clearly

1. Name of Claimant (s) STATE OF IDAHO, DEPARTMENT OF HEALTH AND WELFARE, YOUTH SERVICES CENTER Phone (208) 334-5537
c/o MICHAEL STOY, DEPUTY ATTORNEY GENERAL, HEALTH & WELFARE DIVISION,
Mailing Address 450 WEST STATE STREET, 10TH FLOOR, BOISE, ID Zip 83720
2. Date of Priority (Only one (1) per claim) January 1, 1956
3. Source of water supply (a) Groundwater
which is tributary to (b) _____
4. a. Location of existing point of diversion is: Township 7N Range 40E Section 2,
NW 1/4 of NW 1/4 of NW 1/4, Govt. Lot, B.M., County of Fremont
Additional points of diversion if any: _____
b. If Instream flow, beginning point of claimed instream flow is:
Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,
Govt. Lot _____ B.M., County of _____
ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,
Govt. Lot _____ B.M., County of _____
5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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 250' deep, submersible pump at 210'.

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Domestic purposes from Jan. 1 to Dec. 31 amount .12 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .12 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Domestic:culinary needs of State institution

10. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			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	
7N	40E	2					D												

Total number of acres irrigated _____

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

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:

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Last Name _____ Ident No. 121-11971

Copies: White -State, Yellow-Claimant

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

Decree _____

If applicable provide IDWR Water Right Number _____

Court _____ Case Number _____ Decree Date _____

Plaintiff vs 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 do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____ Date _____

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am Deputy Attorney General

Title

of State of Idaho, that I have signed the foregoing

Organization

document in the space below as Attorney of Department of Health & Welfare

Title

Organization

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

Signature of Authorized Agent *Michael Stoy*

Title and Organization Deputy Attorney General, Health & Welfare Date 2/01/89

State of Idaho/or _____)

) SS.

County of Ada)

Subscribed and sworn (or affirmed) before me this _____ 1st day of February 19 89

SEAL

Notary Public *Patty L. McNeill*

Residing at Boise, ID

My Commission Expires 6/07/91

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, MICHAEL STOY will be acting as attorney at law on behalf of 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 *Michael Stoy*

Address 450 W. State St., 10th Flr., Boise, ID 83720

Date 2/01/89

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Last Name _____ Ident. Number 121-11971

Copies White-State, Yellow-Claimant

Scale: 2 inches equals 1 mile

- Culinary well
- Irrigation well

Acres

MICROFILMED**Last Name**

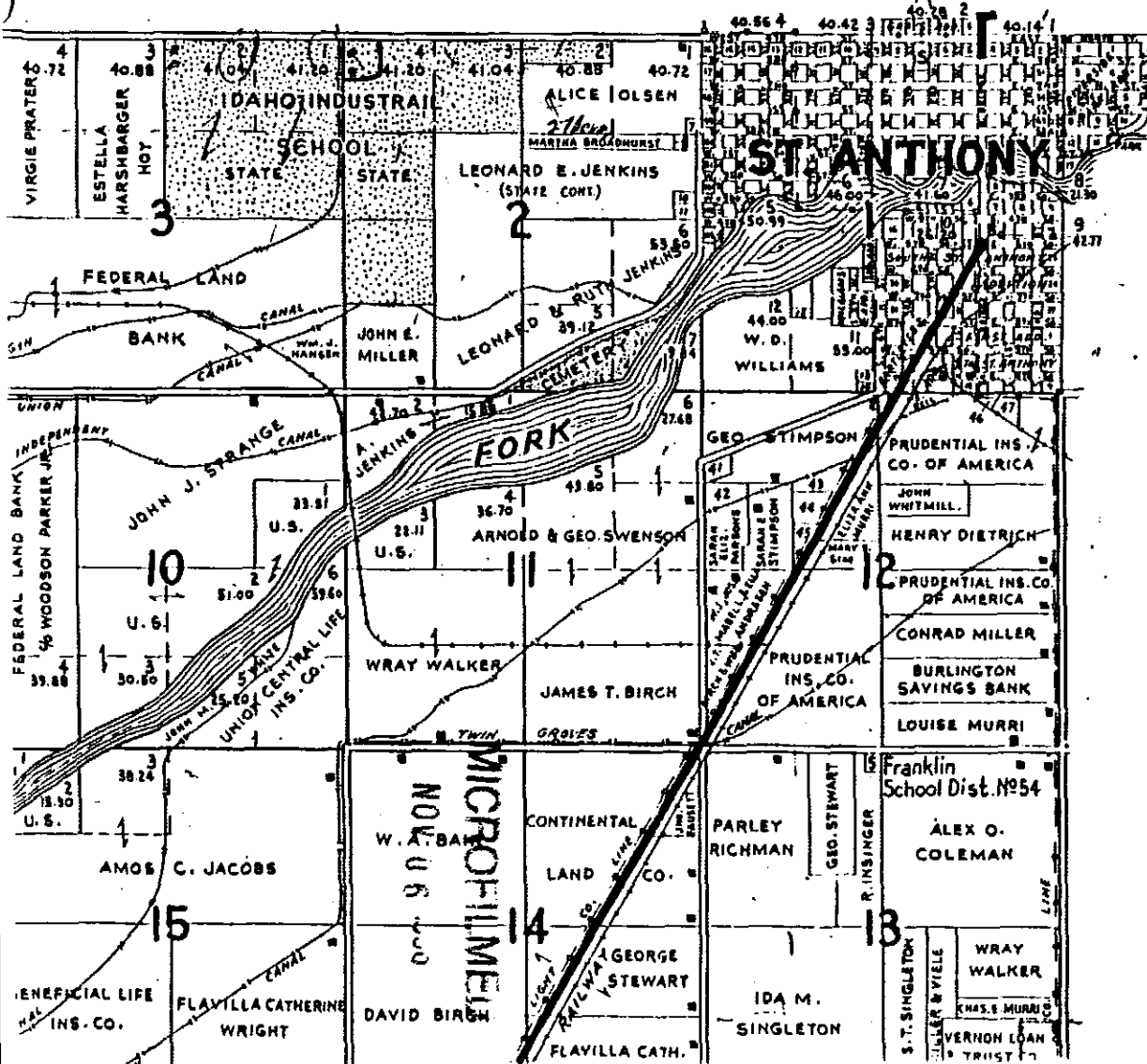
Copies: White-State, Yellow-Claimant

Campus

PAGE 12

7 N., RANGE 40 E. B. M. & MADISON COUNTIES, IDAHO

To Aspen



- SMALL TRACTS-
- 1- ARTHUR BARNES
 - 2- IRA RUDD
 - 3- EDGAR FULLMER
 - 4- LAWRENCE MILLER
 - 5- D. SMITH BROWN
 - 6- JAMES H. MASON
 - 7- MILDRED B. DEMICELL
 - 8- STEPHEN BROADHURST
 - 9- J. L. MAIN
 - 10- R. L. BROADHURST
 - 11- " "
 - 12- BARBARA GOULDING
 - 13- IDA GARRETT
 - 14- R. E. THOMPSON
 - 15- WM. D. & S. C. HOLLIST
 - 16- CHARLIE S. McMUNN
 - 17- RUDON RHODEHOUSE
 - 18- JESS C. BERGESON
 - 19- JESSE A. MILLER
 - 20- MAURICE CRAPO
 - 21- HAROLD POWELL
 - 22- EUNICE MINEER
 - 23- CHAS. MILLER
 - 24- HAROLD E. NAGLE
 - 25- GLEN JEFFS
 - 26- ALBERT SECRIST
 - 27- LOVINA LOWDER
 - 28- ALBERT SECRIST
 - 29- MARIE ANDERSON
 - 30- G. H. BLOOM
 - 31- HOME OWNERS LOAN & H. E. NAGLE
 - 32- NETTIE NORRIS
 - 33- H. B. HOWARD
 - 34- M. E. HARRISON
 - 35- MARIE BLOOD
 - 36- " "
 - 37- ORVILLE NORRIS
 - 38- LYDIA HOUSLEY
 - 39- J. H. STODDARD
 - 40- ALOMO STODDARD
 - 41- COUNTY
 - 42- GEORGE STIMPSON
 - 43- MARG. STIMPSON SMITH
 - 44- SARAH J. STIMPSON
 - 45- REBECCA S. THOMPSON
 - 46- O. S. L. RAILWAY
 - 47- HOWARD G. KELLY
 - 48- ORLANDO JENSEN
 - 49- H. E. MILLER & SONS
 - 50- VERA CLARK
 - 51- L. D. S. CHURCH
 - 52- " "

201-11971



STATE OF IDAHO

A21-11971

DEPARTMENT OF HEALTH AND WELFARE YOUTH SERVICES CENTER

Box 40
St. Anthony, Idaho 83445

(208) 624-3462

Kurt C. Friedenauer
Administrative Director

January 27, 1989

RECEIVED

JAN 30 1989

OFFICE OF THE ATTORNEY GENERAL
HEALTH & WELFARE DIVISION

Michael Stoy, Deputy Attorney General
Health and Welfare Division
450 W. State, 10th Floor
Boise, ID 83720

RE: Snake River Adjudication

Dear Mr. Stoy:

We have two wells located on the YSC campus in the NW 1/4 of the NW 1/4 of NW 1/4 of Section 2, Township 7 N., Range 40 E. B.M., County of Fremont, as shown on the map enclosed.

The irrigation well was drilled in 1909 and is approximately 50 feet deep. We use this well to irrigate 40 acres, less the space for buildings, roadways, and canals of lawn. We pump water 20 hours a day during the period from April 15 through October 1. We use about 600,000 gallons of water per day.

The culinary well was drilled in 1956 and is 250 feet deep, with the submersible pump located at 210 feet. It has the capability to pump approximately 225 gallons per minute. It operates approximately six hours per day (maximum) to provide about 81,000 gallons of potable water on a daily basis.

The Last Chance and St. Anthony Canal Company's secretary is already in the process of filing the water rights for the rest of the farm. At this time, I have not received any information from Robert Fisher, secretary for both canal companies. We have given him the information he asked for

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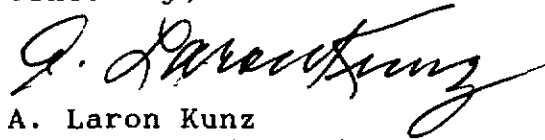
Michael Stoy
Page 2
January 27, 1989

regarding number of acres, etc. for farm use, and have paid the filing fees. His address is as follows:

Robert Fisher, Secretary
Last Chance Canal Company
St. Anthony Canal Company
P.O. Box 607
St. Anthony, ID 83445
Telephone 624-7561

If there is any additional information you need, please let me know.

Sincerely,



A. Laron Kunz
Assistant Administrative Director

ALK/rh

Enclosure

cc Kurt C. Friedenauer
Ray Winterowd
Robert Fisher

fc w/ Fisher 1/31

St. A's to file on 486 acres
Last Chance " 118 "

No cost for General fee - From Reserves

Has paid for 40 acres of well water irrigation
through St. A's charge

We only need pay General fee.

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State Hospital North A 84-10457 Received 9/23/88 Beneficial use Data Entered
Receipted by C002677 Receipt Voided, Funds not received
Need

Inv. of 40 Ac clarify consumptive use. claimed 8 AF/Ann. should be 100
Fee \$90

Docket sheet subscription \$750

State Hospital and Hospital A 63-08196 Received 4/14/89 License Not data entered
No receipt

Need

Inv. of 60 Ac + Dom. 3 cts No consumptive use listed, should be 210
Fee \$140⁰⁰

A 84-04162 received 11/23/88 approved exemption Beneficial use Not Accepted
No receipt

Need Fee \$54⁰⁰

A 27 07084 Received 5/16/89 Claim enter on computer is diff. than on me
base on file.

Need. Consumptive use Inv of 277 Ac x 3.0 AF/Ac = 831 AF/Ann.

Sue 1. Average discharging down 30 in NE SW? should be NW SW
Fee \$327⁰⁰

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A 63-26877
Beneficial use. 7N 7E 16 SW SW

4/14/89

Recreation storage

Needs 2. Priority date

3. Tributary

6. On stream, off stream Dive to storage, Recreation storage (economy)

8. consumptive use.

St Anthony A21-11971 Beneficial use. Domestic use ST Anthony 2/3/89.
Need fee \$62⁰⁰

St Anthony A21-11972 Beneficial use. 2/3/89
5/2/89

Need May to Sept.

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WHITE - State Auditor
 GREEN - Paying Agency
 YELLOW - Billing Agency
 PINK - Retain in Paying Agency
 GOLDENROD - Retain in Billing Agency

State of Idaho
 Office of State Auditor
INTER-AGENCY BILL

AUDITOR USE
 Document No.

16673
 Pre Audit Date

FOR AGENCY USE

1102	
Delivery Date	Billing Date
	6/13/89
Agency Code	
193002	

TO: (Paying Agency)

Health and Welfare
 Statehouse Mail

Div. of Community Rehabilitation

FROM: (Billing Agency)

Department of Water Resources
 Statehouse Mail

INSTRUCTIONS:

1. BILLING AGENCY: Prepare 5 copies of DA-18. Complete sections A and B and sign. Detach goldenrod copies and forward rest of form to receiving agency. Yellow copy will be returned to you after this transaction has been processed.
2. PAYING AGENCY: Upon receipt of this form, complete section C. Sign, detach pink copy for your files and forward remaining copies to office of State Auditor. Green copy will be returned to you after form has been processed.
3. NOTE: Inter-agency bills may be used only for charges of materials or services from one agency to another. This form may not be used for intra-agency transfers of adjustment.

A. THIS SECTION CONTAINS THE NAME, PRICE, AND DESCRIPTION OF MATERIALS OR SERVICES SUPPLIED.

Description	Unit	Quantity	Unit Price	Amount
Adjudication Fees (SEE ATTACHED)				47200

B. THIS SECTION PROVIDES FOR AN INTER-AGENCY CREDIT TO THE BILLING AGENCY FOR THOSE ITEMS SHOWN ABOVE.

Line	Program	Acct.	Recpt. Class	Amount	For Agency Use
1	04 10 160	9337	64 90	472 00	

C. THIS SECTION CHARGES THE AMOUNT SHOWN IN SECTION A TO THE PROPER ACCOUNTS INDICATED BELOW.

☐ PARTIAL ☐ FINAL					Encumbrance Reference Number:							
Agency Code	Line	Program			Acct.	Exp. Class		% of Total		Amount		For Agency Use
136001	1	77	32	100	~~3821~~ ~~7516~~	81	11			①	169 00	1 2500.90 ⁰⁰ 1 / 1 / 1 / MICROMILMED NOV 06 1989
	2	75	31	260	3821	81	11			②	140 00	
	3	75	31	100	~~3821~~	81	11			③	51 00	
	4	36	34	202	~~3821~~	81	21			④	112 00	
					TOTAL		100% =				472 00	

hereby certify that the items listed above were furnished to the state agency indicated and that the amounts billed are proper charges:

Signed

(Authorized Agent of Billing Agency)

Signed

(Authorized Agent of Paying Agency)

WHITE - State Auditor
 GREEN - Paying Agency
 YELLOW - Billing Agency
 PINK - Retain in Paying Agency
 GOLDENROD - Retain in Billing Agency

State of Idaho
 Office of State Auditor
INTER-AGENCY BILL

AUDITOR USE

Document No.

Pre Audit

Date

FOR AGENCY USE

1102	
Delivery Date	Billing Date
	6/13/89
Agency Code	
193002	

TO: (Paying Agency)

Health and Welfare

Statehouse Mail

Div. of Community Rehabilitation

FROM: (Billing Agency)

Department of Water Resources

Statehouse Mail

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A. THIS SECTION CONTAINS THE NAME, PRICE, AND DESCRIPTION OF MATERIALS OR SERVICES SUPPLIED.

Description	Unit	Quantity	Unit Price	Amount
Adjudication Fees (SEE ATTACHED)				47200

B. THIS SECTION PROVIDES FOR AN INTER-AGENCY CREDIT TO THE BILLING AGENCY FOR THOSE ITEMS SHOWN ABOVE.

Line	Program	Acct.	Recpt. Class	Amount	For Agency Use
1	04 10 160	9337	64 90	472 00	

C. THIS SECTION CHARGES THE AMOUNT SHOWN IN SECTION A TO THE PROPER ACCOUNTS INDICATED BELOW.

☐ PARTIAL ☐ FINAL					Encumbrance Reference Number:							
Agency Code	Line	Program			Acct.	Exp. Class		% of Total		Amount		For Agency Use
136001	1	77	32	100	~~3821~~ ~~3821~~	81	11			①	169 00	1 st 25 ⁰⁰ 90 ⁰⁰
	2	75	31	260	3821	81	11			②	140 00	1
	3	75	31	100	~~3821~~	81	11			③	51 00	1
	4	36	34	202	~~3821~~	81	21			④	112 00	1 st 25 ⁰⁰ 90 ⁰⁰
TOTAL								100%-			472 00	

I hereby certify that the items listed above were furnished to the state agency indicated and that the amounts billed are proper charges:

Signed

(Authorized Agent of Billing Agency)

Signed

(Authorized Agent of Paying Agency)

WHITE - State Auditor
 BLUE - Purchasing Copy
 GREEN - Office Distribution
 YELLOW - Remittance Advice
 PINK - State Auditor then Agency
 GOLDENROD - Agency Copy

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO
 Office of State Auditor

AGENCY USE

Date
2-1-89
Code
136001

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

AGENCY NAME: HEALTH & WELFARE
 YOUTH SERVICES CENTER

Document No.	
Pre-Audit	Date
Warrant No.	

CHECK ONE:

(XX) MISCELLANEOUS EXPENDITURE

() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS ENCUMBRANCE REQUISITION

PAY TO
 WATER RESOURCES
 1301 N. ORCHARD
 STATEHOUSE MAIL

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No.

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	36 34 202	3821	81	21	Payment for Water Rights Filing Fee Culinary Well	62.00	1

Approved: *Ray Winterowd*
 Ray Winterowd, Administrator
 Div. of Family & Children's Svcs.

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NOTE: Final payment must be accompanied by a receiving copy

TOTAL 62.00

NOV 06 2000

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

M E M O R A N D U M

DATE: 5/6/92
TO: H&W FILES 84-10457, 63-08196, 84-04162, 2707084, 63-, 21, 21-
FROM: JOHN D. CARLSON
RE: DISCREPANCIES ON CLAIMS FOR STATE HOSPITALS N, S, E, W.

I called Michael Stoy this date regarding claims he filed for the dept. of H&W. I mentioned there are a few items which need clarification and that I contacted Mr. Richard Humiston at 334-5581 for confirmation of the transfer of money from H&W to IDWR. He requested that I send him a letter on what I need and he will respond.

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NOV 06 1990

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: A21-11971
Date Received: 2/ 3/1989
Receipt No: T008367
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: STATE OF IDAHO 208-334-5537
Address: DEPT OF HEALTH & WELFARE
YOUTH SERVICES CENTER
STATEHOUSE
BOISE ID 83720

2. Date of Priority: JAN 1, 1956

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
07N	40E	2	NW	NW	NW		FREMONT

5. Description of diverting works:
250' WELL WITH SUBMERSIBLE PUMP SET AT 210'

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.120		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC, CULINARY NEEDS OF STATE INSTITUTION

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
07N	40E	2	NW	NW		DOMEST	

A21-11971

Page 1

Date: 06/10/92

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11. Place of use in counties: FREMONT

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

13. Other Water Rights Used:
NONE

14. Remarks:
YOUTH SERVICES CENTER IN ST. ANTHONY

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 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
_____,
Organization Title and that the statements contained in the
foregoing document are true and correct.

Signature of Authorized Agent

Title and Organization

Date

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NOV 06 1990

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 _____

17. Notice of Appearance:

Notice is hereby given that I, _____ will be
_____ Print Name
acting as attorney at law on behalf of 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 _____

Address _____

Date _____

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NOV 06 1990



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

June 16, 1992

Michael Stoy
Deputy Attorney General
Department of Health and Welfare
450 W. State St.
Boise, ID 83720

RE: Snake River Basin Adjudication (SRBA)
A84-10457, A84-04162, A63-08196, A27-07084, A21-11971,
A21-11972, A63-26877 and A84-04161
Freemont, Boise, Bingham, Clearwater & Canyon Counties

Dear Mr. Stoy:

It was a pleasure to have spoken with you by phone on May 6th regarding Community Rehab's claims to a water right listed above. Your thoughts at the time were that it would be best if I put together a letter regarding any questions I might have on these claims so that you could respond accordingly. Richard Humiston's staff was of great help in tracking the monies submitted for these claims. I have enclosed a computer-generated copy of each of the claims referenced above.

I have listed the items which require clarification in sequential order for each claim. If any of the following is not clear, please let me know. The items mentioned are only a suggestion, in that if you have other information which you feel better describes that particular right, please supply it. Along this same line, if the right is filed as a beneficial use right, proof of the priority date will be required in support of the date claimed before it can be recommended.

A84-10457 - Item #7(b), Diversion Volume, and Item #8, Consumptive Use Volume, need attention. IDWR's suggested Field Headgate Required Diversion Volume (FHRD) is 3.5 acre ft./acre per year (afa/yr) or 140 af/yr for 40 acres. The suggested consumptive use volume is 2.5 afa/yr or 100 af/yr for 40 irrigated acres.

A84-04162 - This claim may be fine at this point. I would like to mention that on-stream stockwater and recreation storage does not require a diversion rate (Item #6) unless you are also claiming direct flow. The reason I mention this is that the claim submitted for this use previously only has the storage component. You have also placed the same figure of 27.7 ac for the consumptive use for Item #8. We do not usually assign a

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NOV. 0 6 1992

Michael Stoy
June 16, 1992
Page 2

consumptive use for range cattle; if you have any documentation for this figure, please submit it.

A63-08196 - Item #8. The consumptive use figure for this area is 3.5 afa/yr, for a total of 210 afa/yr for 60 acres.

A27-07084 - this claim was also submitted by the Administrative Director of State Hospital South to our Eastern Region Office in Idaho Falls, on May 31, 1989. The cover letter submitted along with the claim is signed by Dennis Larsen, Director of Maintenance and Operations and describes the property as leased by Wasia Farms. The filing fee was also paid by Wasia Farms. The only discrepancy I have identified between the two besides the claimant name and mailing address is 38 acres are identified by your office's claim as being in the NESW Sec. 1 T3S R35E. However, on the other claim the 38 acres are in the NWSW Sec. 1, which is the same as what the license was issued for. Please let me know if you would like to withdraw your office's claim, have State Hospital South withdraw their claim or have competing claims for the same right. Copies of both claims are enclosed.

A21-11971 - This claim looks fine.

A21-11972 - A couple of items which you may consider changing or adding are Items #6, Season of Use (we recommend 4/15 to 10/15 for this area) and #7, Recommended FHRD Volume of 3.5 afa or 140 afa/yr for 40 acres.

A63-26877 - Item #2, Date of Priority, needs to be completed. A claim cannot be considered without this element. Item #3, Tributary, will also need to be completed. If the stream is not a direct tributary to another stream, "sinks" may be appropriate. As I understand this claim, the water is diverted from the creek to the pond. If this is the case, Item #6 may be described as Diversion to Storage - .01 cfs, Recreation Storage .172 af. This description would not include a direct flow. If there is a direct flow, you would include Recreation .01 cfs or whatever it may be.

Item #8, Consumptive Use - Please supply further documentation for this amount.

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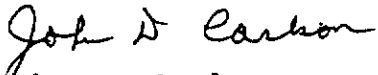
NOV 06 1990

Michael Stoy
June 16, 1992
Page 3

A84-04161 - The seven-family residence at the old band mill will be limited to the single ownership domestic definition of 13,000 gal. per day. If this use does not exceed this amount, nothing further is required.

I look forward to working with you to enhance the above claims. Please feel free to contact me if you should have any questions.

Sincerely,


John D. Carlson
Adjudication Supervisor

JDC:sf:state:tf
Enclosures:

Copies of Data-Entered Claims Referenced Above
Copy of Typed Claim #A27-07084
Receipts #T008367 & #T011572

MICROFILMED

NOV 06 1990



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS
GOVERNOR

July 21, 1992

R. KEITH HIGGINSON
DIRECTOR

Michael Stoy
Deputy Attorney General
Department of Health and Welfare
450 W. State St
Boise, ID 83720

RE: Snake River Basin Adjudication (SRBA) and Claims to a Water
Right A84-10457, A84-04162, A63-08196, A27-07084, A63-26877,
A21-11971, A21-11972 and A84-4161
Counties of Fremont, Boise, Bingham, Clearwater, Canyon

Dear Mr. Stoy:

I have not received a response from you on my letter dated
June 16, 1992. I would like to hear from you at your earliest
convenience, with an idea of when the information might be
available.

The reason for the above is that our field offices and
contractors will be working areas well ahead of when directors
reports are due.

Please feel free to contact me if you should have any
questions.

Sincerely,

John D. Carlson
John D. Carlson
Adjudication Supervisor

JDC:sf:state:tf

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NOV 06 1990



STATE OF IDAHO

OFFICE OF THE ATTORNEY GENERAL

LARRY ECHOHAWK
ATTORNEY GENERAL

HEALTH AND WELFARE DIVISION
450 W. STATE, 10TH FLOOR
BOISE, IDAHO 83720
TELEPHONE: (208) 334-5537

July 23, 1992

RECEIVED
JUL 27 1992

John D. Carlson
Adjudication Supervisor
Department of Water Resources
1301 North Orchard Street
Statehouse Mail
Boise, Idaho 83720-9000

Department of Water Resources

Re: Snake River Basin Adjudication (SRBA) and Claims to a
Water Right A84-10457, A84-04162, A63-08196, A27-07084,
A63-26877, A21-11971, A21-119972, and A84-4161
Counties of Freemont, Boise, Bingham, Clearwater, Canyon

Dear Mr. Carlson:

Attached please find above-mentioned SRBA claims corrected as
per your advice. Attached also are proofs of beneficial use claims
and a claim withdrawal on A27-07084.

I would like to receive monthly copies of the docket sheet.
Please bill my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Stoy".
Michael Stoy
Deputy Attorney General

MS/plm

Enclosures

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NOV 11 1992



State of Idaho
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000
Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

August 13, 1992

Mr. Michael Stoy, DAG
Idaho Dept of Health & Welfare
450 W state, 10th Floor
Boise ID 83702

Dear Mr. Stoy:

Thank you for ordering the Idaho Dept of Water Resources, Adjudication Docket Sheet in your letter to John D. Carlson, dated July 23, 1992. Your subscription has been started and you should have already recieved the material.

This letter is to bill you or your office for the Docket Sheet Subscription. The total amount due to cover your 1992 subscription is \$7.50.

I hope you find the docket sheet to be a valuable reference tool. If you have any questions or require copies of the materials listed in the docket sheet, please call.

Yours truly,

Danni M. Smith

Danni M. Smith
Adjudication Sec, Records Mgr

cc: John D. Carlson

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NOV 06 1992

8/21/92

Spoke with secretary to Michael Stoy
He won't sign, but it would be fine if I sent
claim over for signature.

JPC

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NOV 06 1990

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT
(REGIONAL)

Water Right Number - R21-11971

Prefix Translation: RESEARCH

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** A - ATTORNEY ***
STOY

MICHAEL

1 - DEPT OF HEALTH & WELFARE
2 -
3 - 450 W STATE 10TH FL
City- BOISE State- ID Zip- 83720
Phone - 208-334-5537

*** C - CURRENT OWNER ***
STATE OF IDAHO

1 - DEPT OF HEALTH & WELFARE
2 - YOUTH SERVICES CENTER
3 - 450 W STATE 10TH FL
City- BOISE State- ID Zip- 83720
Phone - 208-334-5537

*** K - ALSO KNOWN AS ***
HEALTH & WELFARE

1 -
2 -
3 -
City- BOISE State- ID Zip- 83720
Phone - 208-000-0000

+ - - Priority Date - - + + - - Region - - - + + - - Stage - - - + + - - Status - - - - +
01/01/1956 15 EASTERN J - BENEFICIAL USE

+ - - - - Source - - - - - + + - - - - - Tributary - - - - - +
GROUNDWATER

+ - - - - - - - - - - - - - - - Point of Diversion - - - - - +
Twn Rng Sec Tract Lot RFlg County

07N 40E 2 NW NW NW (43) FREMONT

| Code | Description | Period From | Period To | Water Use | Diversion Rate | Diversion Volume |
|---------------|-------------|-------------|-----------|-----------|----------------|------------------|
| 43 - DOMESTIC | | 01/01 | 12/31 | | 0.120 | |

+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Consumptive Use - + + - KW Usage - +
0.120 0.0

| Twn | Rng | Sec | Tract | Lot | Acres | Code | Description | County |
|-----|-----|-----|-------|-----|-------|------|-------------|--------------|
| 07N | 40E | 2 | NW NW | | | 43 | DOMESTIC | (43) FREMONT |

Total Acres:

+ - - Diversion Means - 250' WELL WITH SUBMERSIBLE PUMP SET AT 210'

+ - - Non-Irrigation Use -

+ - - Other Rights for Same Use - NONE

AJ0743NP
(00-124)

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT
(REGIONAL)

12/01/97 11:48:05
Page 2

Water right number - R21-11971

Prefix Translation: RESEARCH

+ - - - - Remarks - - - - - +

EXP CULINARY NEEDS OF STATE INSTITUTION
PARCEL NO. H3-0047

+ - - - - Old Water Right Numbers - - - - - +

No Old Water Right Numbers Found

+ - - - - 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.

+ - - - Decree Plaintiff - - - + + - - - Decree Defendant - - - + + - Decree Date - +
00/00/0000

+ - - - - Comments - - - - - +

Date: 12/01/1997 User Id: SEGBERT Subject: COPIED FROM REMARKS
YOUTH SERVICES CENTER IN ST. ANTHONY

+ - - Audit Fields - - +

12/01/97 SEGBERT

+ - - - - 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 | - 12/01/1997 | Old Judicial District | - |
| Claim Received Date | - 07/18/1989 | Last Amended Date | - 08/21/1992 | Temporary Right | - P |
| | | Receipt Number | - T008367 | Water District | - |
| | | POU Ownership Flag | - Y | Federal/State Indicator | - S |
| | | Name Connector | - OR | Presumption Flag | - |
| | | | | Notice of Error Flag | - |

AJ5856NP

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

DATE: AUG-22-1997
PAGE: A-24

RIGHT NUMBER: 21-11971

NAME & ADDRESS: STATE OF IDAHO
DEPT OF HEALTH & WELFARE
YOUTH SERVICES CENTER
450 W STATE 10TH FL
BOISE ID 83720

SOURCE: GROUNDWATER

QUANTITY: 0.12 CFS

PRIORITY DATE: 01/01/1956

POINT OF DIVERSION: T07N R40E S02 NWNWNW ✓ Within FREMONT County

| PURPOSE AND
PERIOD OF USE: | PURPOSE OF USE | PERIOD OF USE | QUANTITY |
|-------------------------------|-----------------------------------|---------------|----------|
| | DOMESTIC DOMESTIC, CULINARY NEEDS | 01-01 12-31 | 0.12 CFS |

PLACE OF USE: DOMESTIC Within FREMONT County
T07N R40E S02 NWNW ✓

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

YOUTH SERVICES CENTER IN ST. ANTHONY

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

H 3 - 0047

Verified by D. Smith Date: 9-23-97
Verification Source: Plot Map & Alpha Index