

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 ~~RECEIVED~~ WATER SYSTEM.

CIVIL CASE NUMBER: 39576

AUG 28 1992

Department of Water Resources

Ident. Number: **A21-11972**
Date Received: 5/ 2/1989
Receipt No: T008367
Received By: _____

AMENDED

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

AMENDED

1. Name: STATE OF IDAHO 208-334-5537
Address: DEPT OF HEALTH & WELFARE
YOUTH SERVICE CENTER
450 W STATE 10TH FL
BOISE ID 83720

2. Date of Priority: JAN 1, 1909

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:
50' DEEP WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/15	10/15	0.900		140.00

7. Total Quantity Appropriated is:
0.900 C.F.S. (and/or) 140.00 A.F.A.

8. Total consumptive use is 100.0 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

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10. Place of Use:

NOV 06 1990

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
07N	40E	2	NW	NW		IRR	40.0

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	40.0
					Total Acres	40.0

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:
SHARES IN ST. ANTHONY CANAL CO.

14. Remarks:
IRRIGATION OF PROPERTY SURROUNDING BUILDINGS. THE 40 ACRES,
HEREIN NOTED, HAS BEEN INCLUDED IN THE ACREAGE FEE PAID FOR
BY THE ST. ANTHONY CANAL CO. ONLY THE GENERAL FILING FEE IS
ATTACHED.

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: _____

MICROFILMED
NOV 06 1990

For Organizations:

I do solemnly swear or affirm that I am DEPUTY ATTORNEY GENERAL of
Title
STATE OF ID, HEALTH & WELFARE DIV., that I have signed the foregoing
Organization
document in the space below as THE ATTORNEY of
Title
THE HEALTH & WELFARE DIVISION and that the statements contained in the
Organization
foregoing document are true and correct.

[Signature]
Signature of Authorized Agent
DEPUTY ATTORNEY GENERAL
HEALTH AND WELFARE DIVISION
Title and Organization

August 27, 1992

Date

State of Idaho)
County of ADA) SS.

Subscribed and sworn (or affirmed) before me this 27th day
of August 19 92

[Signature]
Notary Public

Seal

Residing at BOISE

My Commission Expires 6/07/97

17. Notice of Appearance:

Notice is hereby given that I, MICHAEL STOY 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 [Signature]
DEPUTY ATTORNEY GENERAL
Address 450 W STATE - 10TH FLR
BOISE ID 83720-5450
Date 8/27/92

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NOV 06 1992

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: A21-11972
Date Received: 5/ 2/1989
Receipt No: T008367
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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 SERVICE CENTER
450 W STATE 10TH FL
BOISE ID 83720

2. Date of Priority: JAN 1, 1909

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:
50' DEEP WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/15	10/01/5	0.900		

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

8. Total consumptive use is *140 WB* 100.0 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

10. Place of Use:

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

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NOV 08 1990

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	40.0
					Total Acres	40.0

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:
SHARES IN ST. ANTHONY CANAL CO.

14. Remarks:
IRRIGATION OF PROPERTY SURROUNDING BUILDINGS. THE 40 ACRES,
HEREIN NOTED, HAS BEEN INCLUDED IN THE ACREAGE FEE PAID FOR
BY THE ST. ANTHONY CANAL CO. ONLY THE GENERAL FILING FEE IS
ATTACHED.

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: _____

MICROFILMED
NOV 08 1992

For Organizations:

I do solemnly swear or affirm that I am _____ of
_____, that I have signed the foregoing
_____, that I have signed the foregoing
document in the space below as _____ of
_____, and that the statements contained in the
foregoing document are true and correct.

Signature of Authorized Agent

Title and Organization

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 _____

17. Notice of Appearance:

Notice is hereby given that I, _____ 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 _____

Address _____

Date _____

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NOV 11 1992

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 A21-11972

Date Received _____

Receipt Number T 008367

RECEIVED
FEB 03 1989
Department of Water Resources

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

RECEIVED
MAY 02 1989
Department of Water Resources

Please type or print clearly

- STATE OF IDAHO, DEPARTMENT OF HEALTH AND WELFARE, YOUTH SERVICE 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, 1909
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 _____
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 50' deep.

A211972

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NOV 06 1980

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from April 15 to Oct. 1 amount .9 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .9 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 100 acre feet per annum.

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

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. 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					40												

Total number of acres irrigated 40

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.

Irrigation rights filed on behalf of YSC by the St. Anthony Canal Company or None ()

14. Remarks:

Irrigation of property surrounding buildings. The 40 acres described, has been included in the acreage fee paid for by the St. Anthony Canal Co. Only the general filing fee is attached.

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NOV 06 1990

Last Name _____ Ident No. A21-11972

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 _____

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

State of Idaho/or _____)
County of Ada _____) SS.

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

SEAL

Notary Public Patty L McNeill

Residing at Boise, Idaho

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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NO. 11972

Last Name _____ Ident. Number A21-11972

Copies White-State, Yellow-Claimant

Scale: 2 inches equals 1 mile

- Culinary well
- Irrigation well

Acres

Section 3

Section 2

Section 10

Section 11

MICHIGAN

Last Name

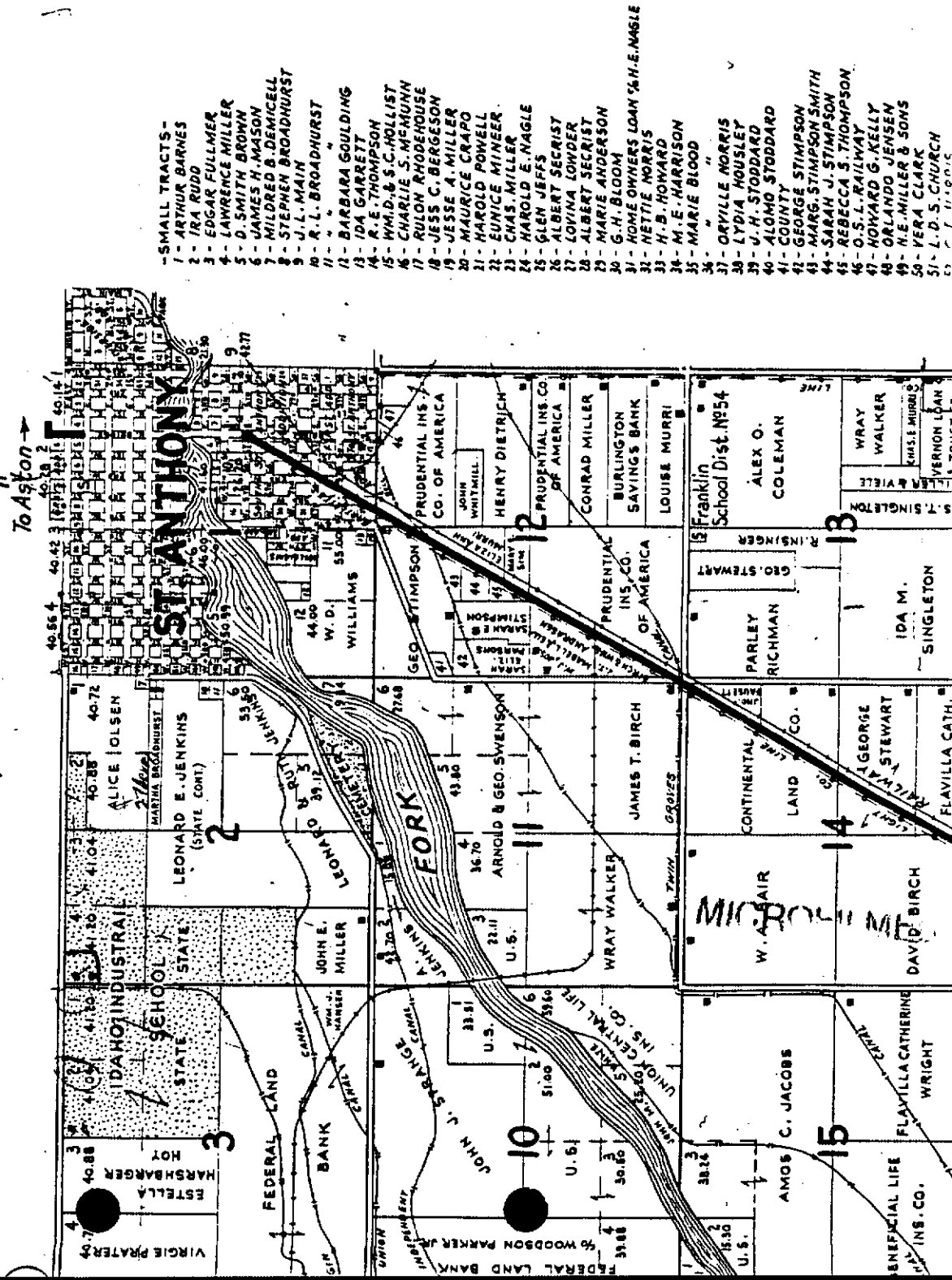
Last Name Youth Services Center Ident No. A21-11972

Copies: White-State, Yellow-Claimant

Campus

7 N.; RANGE 40 E. B. M.

T & MADISON COUNTIES, IDAHO



HOST TEMPORARY FILE

DATE: 11-95

NO. A21-11972 CLAIMANT: DEPT HEALTH - WELFARE

☒ ATTACH COPY OF PROOF REPORT FROM TEMP HOST

T008367

HARD COPY IN TIMES 2 FILE? YES ☒ NO ☐

RECORD IN MASTER HOST? YES ☐ NO ☒

CHECK AJQ7 OR AJQ5 FOR SPLITS YES ☐ NO ☒

CHECK AJQ21 FOR TEMPORARY HOST NAME YES ☐ NO ☐ OTHER CLAIM #'S ☐

CHECK FOR A RECEIPT USING CLAIMANTS NAME IN AR YES ☐ NO ☐

DID CLAIMANT FILE OTHER NOTICES YES ☒ NO ☐

COMPARE DATA ENTRY FOR AJ & WR

IS IT DIFFERENT? YES ☐ NO ☐

IF THERE IS NO DIFFERENCE AND DATA IS NOT TO STANDARD, NUMBER CAN BE DELETED (IF NOT 10,000-NUMBER) OR COPIED AS P16 IN "R" RECORD.

IF DATE ENTRY FOR AJ REFLECTS CHANGES, CONTACT CLAIMANT ABOUT INTENET TO FILE NOTICE.

REMARKS: There is a receipt but I can't bring it
up (T008367) No receipt like it in ARQ2
under Health & Welfare.

- Use AR9 - to see receipt - we have a hard
copy of the notice in times 2. I replaced to
'T' with a 'P' in the temporary right flag field.

ACTIONS TAKEN: The record should update tonight.

ENC
MICROFILMED

NOV 10 1995

[] RECORD DELETED FROM DATABASE. DATE ☐ INITIALS: ☐

NOTE: DO NOT DELETE 10,000 NUMBERS; MODIFY DATA AND MOVE RECORD TO MASTER HOST.

**IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)**

DATE: 10/23/95
PAGE: 1

Stage: BENEFICIAL USE
FREMONT County

Water Source: GROUNDWATER
Point(s) of Diversion: T07N R40E S02
Tributary to: NW1/4NW1/4

Point(s) of Divergence: T07N R40E S02 NW/4NW/4

Place of use Legal Description for: IRRIGATION

				NE				NW				SW				SE						
				NE	NW	SE	SW	NE	NW	SE	SW	NE	NW	SE	SW	NE	NW	SE	SW			
T	R	S		Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	Lt AC	SUM		
07N	40E	2	:	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	40.0		
								40												TOTAL ACRES		40.0

POU County: FREMONT

Non-Irrigation Uses: NONE

Other Rights: SHARES IN ST. ANTHONY CANAL CO.

Remarks: IRRIGATION OF PROPERTY SURROUNDING BUILDINGS. THE 40 ACRES, HEREIN NOTED, HAS BEEN INCLUDED IN THE ACREAGE FEE PAID FOR BY THE ST. ANTHONY CANAL CO. ONLY THE GENERAL FILING FEE IS ATTACHED.

Dates: Exam Made Date: Verified Date:

Misc:

Water District Number:	Field Inspection Flag:
Presumption Flag:	

MICRO

Nov 10 1955

IDAHO DEPARTMENT OF WATER RESOURCES

MEMO-REPLY

Date 8/25/92

To Michael Stoy, Dep. Attorney General H+W

From John Carlson IDWR

- | | |
|---|---|
| ☐ Take Appropriate Action | ☐ For Your Information |
| ☐ Draft A Reply | ☐ For Your Approval |
| ☐ Action Required By _____ | ☐ For Your Comments |
| ☐ See Me | ☐ As You Requested |
| ☐ Call Me | ☐ Copy (____ Copies) |
| ☐ Return To Me | ☐ File |

Comments

Per my conversation with your secretary, an oversight on my part was to have you sign, notarize, and notice of appearance on the claims after the changes. I have data entered the changes.

If everything looks ok, please complete and return to me. My Apology Thank you

JOC

Reply

Signed _____ Date _____

ICT OF THE STATE OF IDAHO, LS

IL CASE NUMBER: 39576

nt. Number: **A21-11972**
e Received: **5/ 2/1989**
eipt No: **T008367**
eived By: _____

GHT

AMENDED

208-334-5537

Lot

County
FREMONT

.S (or) A.F.A.
0.900 140.00

.A.

et Per Annum.

9. Non-irrigation uses:
NONE

10. Place of Use:

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

Use
IRR

MICROFILMED
Acres
NO. 008 1550



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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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 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
Adjudication Supervisor

JDC:sf:state:tf

MICROFILMED

NOV 06 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

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 the claim submitted for this use previously only has the storage component. You have also placed the same figure of 27.7 ac.ft. in the consumptive use for Item #8. We do not usually assign a

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NOV 06 1996

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.

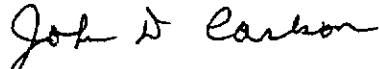
MICHAEL STOY
NOV 06 1990

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 1992

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.

MICROFILMED

NOV 1988



State of Idaho
DEPARTMENT OF HEALTH AND WELFARE
Legal Services Division

721-11972

450 W. State Street - 10th Floor
Boise, Idaho 83720
(208) 334-5537

CECIL D. ANDRUS
Governor

RICHARD P. DONOVAN
Director

RECEIVED
MAY 02 1989

May 1, 1989

Department of Water Resources

MEMORANDUM

TO: David B. Shaw
Department of Water Resources

FROM: Michael Stoy *MS*
Deputy Attorney General

RE: SNRV

The attached Notice of Claim was originally sent to you February 2, 1989. It was rejected on February 13, 1989, and an extension was granted to May 22, 1989. St. Anthony Union Canal Co., Inc., has paid the Youth Service Center acreage fee with its claim for water rights (see attached). This is a general filing fee only.

Also, please note the adjudication section's refusal of the state expenditure voucher. It has been my understanding that this is the accepted method of payment for state agencies. I have encountered no difficulties with past filings. If I am in error please notify me.

MS/plm
Enclosure

MICROFILMED
NOV 06 1990

Celebrate
IDAHO
1890 • CENTENNIAL • 1990

FORM DA-18 Rev. 7-1-77

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

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~~ ~~4516~~	81	11		① 169.00	MICROFILMED 25.00 90.00 NOV 1 1960
	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	

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)

State hospital ~~Need~~ 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/An. should be 106
Fee \$90

Docket sheet subscription \$750

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

Need

Inv. of 60 Ac + Dom. 30 ts No consumptive use listed, should be 210
Fee \$140⁰⁰

A 84-04162 received 11/23/88 approved extension Beneficial use Not Assessed
No receipt

Need Fee \$54⁰⁰

A 27 07084 Received 5/16/89 claim enter on computer in diff. than on me
have on file.

Need. Consumptive use Inv. of 277 Ac x 3.01 AF/An = 834 AF/An
See 1. Acreage disigning down 30 in NE SW ^{NOV 06 1988} ~~NOV 06 1988~~
Fee \$327⁰⁰

A 63-26877 Beneficial use. 7N 7E 16 SWSW 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 Domestic use ST. Anthony 2/3/89.
Need fee \$62⁰⁰

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

Need May to Sept.

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NOV 06 1988

RECEIVED

APR 20 1989

OFFICE OF THE ATTORNEY GENERAL
HEALTH & WELFARE DIVISION

April 19, 1989
St. Anthony Union Canal Co. Inc.
Box 607
St. Anthony, Id. 83445

State of Idaho
Michael Stoy, Dept. Attorney General
450 W. State Street, 10th Floor
Boise, Id. 83720

RE: Snake River Adjudication
St. Anthony Union Canal Co.
Filing of April 19, 1989
A01-00175 A01-00176 A01-00347 A21-11197

Dear Mr. Stoy,

Attached, please find a receipt from the Idaho Department of Water Resources so that you may file the application for the permits for the Youth Services Center, at St. Anthony as per our conversations earlier in the year.

Yours Truly



Robert Fisher, Secy.
St. Anthony Union Canal Co.

MICROFILMED

NOV 06 1988

RECEIPT
For Monies Paid
to the
IDAHO DEPARTMENT OF WATER RESOURCES

A21-11972

RECEIVED

Receipt No: E006917

APR 20 1989

OFFICE OF THE ATTORNEY GENERAL
HEALTH & WELFARE DIVISION

Date: 04/19/89

Time: 09:41:54

Received

From: ST. ANTHONY UNION CANAL,

Type of Payment

Program Acct Class

Amount

ADJUDICATION FEE

0410162 9337 6490

\$13,857.00

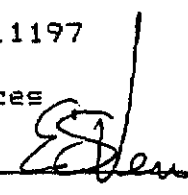
Total \$13,857.00

CHECK 1869

WR/NO: A01-00175 A01-00176 A01-00347 A21-11197

Idaho Department of Water Resources

Region: EASTERN

Signature: 

MICROFILMED
APR 16 1989

RECEIVED
MAR 16 1989

State of Idaho
Department of Water Resources

REQUEST FOR EXTENSION OF TIME
TO FILE ADJUDICATION CLAIM(S)

Department of Water Resources

The Idaho Department of Water Resources will consider this form as a request that the claimant be granted an additional period of time in which to file claim(s) beyond the 90 days allowed by Section 42-1409(10), Idaho Code.

Youth Service Center, Department of Health and Welfare

Name of Claimant

450 West State Street, 10th Floor

Post Office Address

Boise, Idaho 83720

City, State, Zip Code

Fremont

County(s) where Place of Use is located

March 23, 1989

Date Claim Originally Due

Well for irrigation NW1/4 of NW1/4 of NW1/4 Township 7N Range 40E Section 2

Identify water right(s) for which extension is requested

State reason(s) why an extension of time is requested:

See attached letter. State is waiting for canal companies to file. They
have requested an extension. There is no dispute between parties, this is
to comply with your rule.

Claimant requests an extension to June 1, 1989.

Michael Stoy

Signature

Michael Stoy

Deputy Attorney General

Title

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

The above request for extension of time is hereby

X granted denied,
and the filing deadline extended to 5/22, 1989.

Signed this 24 day of March, 1989

David B. Shaw
Director or his designated agent

DAVID B. SHAW

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NOV 06 1990



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 334-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

February 13, 1989

Mr. Michael Stoy, Deputy Attorney General
Department of Health and Welfare
Statehouse Mail
450 West State, 10th Floor
Boise, ID 83720

RECEIVED
FEB 18 1989
OFFICE OF THE ATTORNEY GENERAL
HEALTH & WELFARE

RE: Snake River Basin Adjudication

Dear Mr. Stoy:

We are returning your Notice of Claim to a Water Right filed for property in Fremont County and your expenditure voucher in the amount of \$50.00. We have noted a problem with the fees for this claim which we would like you to correct.

At Item #14, Remarks, you state, "The 40 acres, herein noted, has been included in the acreage fee paid for by the St. Anthony Canal Co." Our records show that the St. Anthony Canal Company has not filed an adjudication claim as of this date.

Therefore, as the claimant who has filed first on these lands, as required by Adjudication Rule #522, you are responsible for paying the variable acreage fee in addition to the \$50.00 filing fee.

In order to avoid a late penalty fee, please resubmit this claim with the correct fees of \$90.00 prior to the filing deadline of March 23, 1989. Further, I believe the voucher you enclosed should be routed to your agency's fiscal unit for processing rather than to this agency. Our fiscal staff said the voucher cannot be processed from this end. If you have any questions, please do not hesitate to contact this office.

Yours Truly,

Donald V. Shaff
Adjudication Section Supervisor

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NOV 06 1990

DVS:db

Enclosures

Long Claim Form Completed
Expenditure Voucher

4/5/1989

CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME Health & Welfare Youth Svc. Cntr. CLAIM IDENT. NO. A21-11972

DATE RECEIVED 2-3-89 CK # 7008367 AMOUNT \$ 972.00

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

Claim checked by: JD Date: 6-11-92

Claim must be returned to claimant: (Yes) ☒ (No) ☐

Claimant must be notified of modifications: MICROFILMED

Receipt Prepared by: ET Date: 6-11-92
Claim data entered by: JD Date: 6-11-92 Checked by: JD Date: 6-11-92
Sent to claimant by: JD

Comments: modified address / JD on 6-11-92

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.

RECEIVED

AGENCY NAME: HEALTH & WELFARE
 YOUTH SERVICES CENTER

OFFICE OF THE ATTORNEY GENERAL
 HEALTH SERVICES DIVISION

Document No.	
Pre-Audit	Date
Warrant No.	

CHECK ONE:

(XX) MISCELLANEOUS EXPENDITURE

() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS ENCUMBRANCE REQUISITION

PAY

Dept. of Water Resources
 1301 N. ORCHARD
 STATEHOUSE MAIL

TO

Encumbrance Reference No.

PAYMENT: () PARTIAL () FINAL

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 for Irrigation Well	50.00	1

APPROVED: *[Signature]*
 RAY WINTERCROWD, ADMINISTRATOR
 DIV. OF FAMILY & CHILDREN'S SRVS.

MICROFILMED
 NOV 06 1990

NOTE: Final payment must be accompanied by a receiving copy

TOTAL

50.00

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

Filed of Agency or Institution

State Auditor



EQUAL OPPORTUNITY EMPLOYER

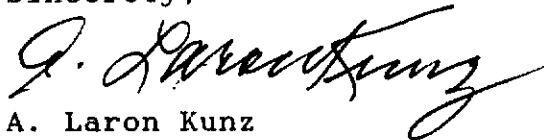
Michael Stoy
Page 2
January 27, 1989

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 ^{MICRO}
Has paid for 40 acres of well water irrigation ⁱⁿ
through St. A's charge
We only need pay General fee.