

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: A27-04086
Date Received: 3/31/1989
Receipt No: EDC 6680
Received By: EMC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CITY OF BLACKFOOT 208-785-8600
Address: 157 N. BROADWAY
BLACKFOOT, ID 83221

2. Date of Priority: SEP 27, 1921

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	35E	3	SW		NE		BINGHAM

5. Description of diverting works:
WELL, PUMP & TANK

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	5.570		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
M/ MUNICIPAL WELL FOR CITY OF BLACKFOOT.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
----------	-------	---------	--------	-----	-----	-----	-------

11. Place of use in counties:

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

A27-04086

Page 1

Date: 03/31/89

A2704086

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NOV 12 1992

13. Other Water Rights Used:
A27-04106/04084/04087/04088/07329/35-04251

14. Remarks:
MUNICIPAL CORPORATION WELL #7
PLACE OF USE IS WITHIN CITY LIMITS OF BLACKFOOT

15. Basis of Claim: STATUTORY CLAIM

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Organizations:

I do solemnly swear or affirm that I am WATER DEPT. of
Title
CITY OF BLACKFOOT that I have signed the foregoing
Organization
document in the space below as WATER DEPT. of
Title
CITY OF BLACKFOOT and that the statements contained in the
Organization
foregoing document are true and correct.

Jack A. Dwyer
Signature of Authorized Agent
Water Dept. City of Blackfoot
Title and Organization
4-3-89
Date

State of Idaho)
County of Bingham) SS.

Subscribed and sworn (or affirmed) before me this 3rd day
of April 19 89

Dennovan D. Wren
Notary Public

Seal

Residing at Dennovan D. Wren

My Commission Expires 4-21-93
Date: 03/31/89

A27-04086

Page

2

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NOV 12 1992

AJ5809WP
No. A27-04086

IDAH0 DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 10/26/94
PAGE: 18

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	CITY OF BLACKFOOT 157 N BROADWAY BLACKFOOT ID 83221 (208) 785-8600	09/27/1921	MUNICIPAL	01-01 12-31	5.57 CFS	
TOTAL DIVERSION:					5.57 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: STATUTORY CLAIM

Point(s) of Diversion: T03S R35E S03 SWNE

BINGHAM County

POU County:

Non-Irrigation Uses: M/ MUNICIPAL WELL FOR CITY OF BLACKFOOT.

Other Rights: A27-04106/04084/04087/04088/07329/35-04251

Remarks: MUNICIPAL CORPORATION WELL #7
PLACE OF USE IS WITHIN CITY LIMITS OF BLACKFOOT

Dates: Exam Made Date: Verified Date:

Misc: Water District Number: Field Inspection Flag:
Presumption Flag:

WAS WELL #1.

SEE A27-04084

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NOV 13 1996



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 - (208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

RECEIVED

MAR 1 - 1990

Department of Water Resources
Eastern District Office

February 22, 1990

Blackfoot Water Dept.
C/O Jack Olney
157 N. Broadway
Blackfoot, ID 83221

Gentlemen:

Our records show you have filed your adjudication claim(s) in the Snake River Basin Adjudication. Our records do not, however, include a clear map of your service area. Would it be possible for us to get a map of your customer service area for your municipal water system, both to supplement the record of your claim(s) and for use as described below?

In our review and investigation phase of the Snake River Basin Adjudication, the map would be helpful for us to have this information in verifying individual claims to water rights for domestic purposes. We will be happy to discuss with you the most convenient way for you to provide this information to us. I can be reached at 327-7931 or you may contact my assistant, Anita Warntjes at 327-7986.

Your assistance in this matter is greatly appreciated.

Sincerely,


DAVID B. SHAW
Adjudication Bureau Chief

DBS:alw

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NOV 12 1992

161-04607
87-22144
64086
64087
64088
64089
64151
64152
35-04221

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

Well No. 7

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

cust.
Office Copy

1. WELL OWNER

Name CITY OF BLACKFOOT
Address CITY HALL - BLACKFOOT, IDAHO
Owner's Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☒ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☒ Cable ☒ Rotary ☐ Dug ☐ Other

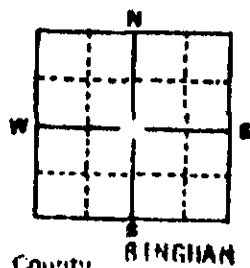
5. WELL CONSTRUCTION

Diameter of hole 20 inches Total depth 650 feet
Casing schedule: ☐ Steel ☐ Concrete
Thickness Diameter From To
375 inches 20 inches + 1 feet 79 feet
405 inches 16 inches 1 feet 206 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
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
☐ Puddling clay ☐ Well cuttings
Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing
☐ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name NONE
Lot No. _____ Block No. _____

7. WATER LEVEL

Static water level 46' feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
20"	0	5	CLAY		
	5	12	GRAVEL		
	12	30	GRAVEL AND SAND		
	30	35	GRAVEL AND CLAY		
	35	65	CLAY AND GRAVEL		
	65	66	GRAVEL AND SAND		
	66	71	GRAVEL		
	71	75	CLAY		
	75	93	LAVA		
	93	100	HARD LAVA		
	100	105	LAVA		
	105	109	CLAY, LOOSE LAVA		
	109	110	HARD LAVA		
	110	119	STREAKS OF LAVA		
	119	121	HARD LAVA		
	121	123	CLAY		
	123	125	LAVA (CAVING)		
	125	127	STREAKS OF CLAY AND LAVA		
	127	132	HARD LAVA (CAVING)		
	132	136	CLAY		
	136	138	HARD LAVA CAVING CLAY		
	138	144	STREAKS OF CLAY AND LAVA		
	144	150	CLAY, CINDERS		x
	150	153	CLAY, LOOSE LAVA		
	153	155	HARD LAVA		
	155	176	PINK CLAY, WITH LAVA, CINDERS		
	176	177	LAVA		
	177	178	CLAY		
	178	194	HARD LAVA		
	194	197	BROKEN LAVA		
	197	200	CLAY		
	200	204	SOFT LAVA		
	204	206	HARD BLACK LAVA		
	206	208	CLAY		
	208	210	LAVA		
	210	215	HARD BLACK LAVA		
	215	216	CLAY		

10.

Work started DEC. 27, 1973 finished MAY 30, 1974

11. DRILLERS CERTIFICATION

Firm Name DON CUSHMAN DRILLING CO. Firm No. 22
Address 945 S. BROADWAY - BLACKFOOT Date 02/23/75
Signed by (Firm Official) _____
and _____

OR
PEN

State of Idaho
Department of Reclamation

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

1. WELL OWNER

Name _____

Address _____

Owner's Permit No. _____

2. PURPOSE OF WORK

New well ☐ Deepened ☐ Replacement ☐

Abandoned (describe method of abandoning) _____

3. PROPOSED USE

Domestic ☐ Irrigation ☐ Test ☐

Municipal ☐ Industrial ☐ Stock ☐

4. METHOD DRILLED

Cable ☐ Rotary ☐ Dug ☐ Other ☐

5. WELL CONSTRUCTION

Diameter of hole _____ inches Total depth _____ feet

Lining schedule: ☐ Steel ☐ Concrete

Thickness	Diameter	From	To
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was a packer or seal used? ☐ Yes ☐ No

Is it perforated? ☐ Yes ☐ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

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? ☐ Yes ☐ No To what depth _____ feet

Material used in seal ☐ Cement grout ☐ Puddling clay

7. WATER LEVEL

Static water level _____ feet below land surface

Flowing? ☐ Yes ☐ No G.P.M. flow _____

Temperature _____ ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailor ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
20'	216	225	BLACK LAVA		
	225	240	HARD LAVA		
	240	245	HARD LAVA (CAVING)		
	245	258	LAVA		
	258	269	BROWN GREEN CLAY, LOOSE		
	269	270	LAVA		
	270	274	BLACK LAVA		
	274	278	BROWN CLAY		
	278	279	BLACK LAVA		
	279	288	BROWN CLAY		
	288	293	LAVA		
	293	313	HARD LAVA (LOST TORCH)		
	313	314	RED STICKY CLAY		
	314	316	RED CLAY		
	316	366	BLACK LAVA		
	366	432	SANDSTONE		
	432	447	HARD SANDSTONE		
	447	467	BLUE GRAY PUMICE (hard, sticky)		
	467	488	GRAY PUMICE STONE		
	488	498	BLACK LAVA, LOOSE ROCK		
	498	512	HARD PUMICE STONE		
	512	525	HARD PUMICE STONE		
	525	540	HARD QUARTZ AND LIME ROCK		
	540	550	HARD BLUE ROCK		
	550	572	HARD GRAY PUMICE STONE		
	572	576	SOFT PUMICE		
	576	582	SOFT ROCK, PUMICE		
	582	592	SOFT PUMICE STONE		
	592	595	SANDSTONE		
	595	596	CLAY		
	596	598	HARD ROCK		
	598	600	SANDSTONE		
	600	602	HARD SANDSTONE		
	602	611	CINDERS, CLAY, LOOSE ROCK		
	611	622	SANDSTONE		
	622	630	CLAY, SANDSTONE		
	630	640	CINDERS		

10.

Work started _____ finished _____

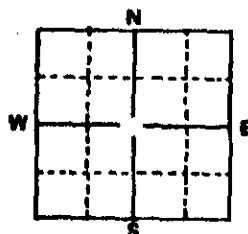
11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Driller's or Firm's Name _____

Number _____

Sketch map location must agree with written location.



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CLAIM TO A WATER RIGHT

Under the provisions of Section 42-243, Idaho Code, any person using or claiming rights to the public waters of Idaho established by diversion and application to a beneficial use must file a claim with the Department of Water Resources on or before June 30, 1983. Exempted from this filing are single family domestic uses as defined in Section 42-230(d), Idaho Code. Also exempted are rights represented by a permit, license, decree, adjudicated right, or a previously filed claim.

The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.

Notice is hereby given that the City of Blackfoot, Municipal Corporation-well #7

157 N. Broadway, Blackfoot, ID (Mailing Address) (Name of Claimant) 83221 (Zip Code) Telephone No. 785-0491

claims a right to the diversion and beneficial use of the surface or ground water. The extent and nature of said claim is as follows:

- (1) Date of priority: (When was the water first applied to a beneficial use) September 27, 1921

A claim is not acceptable on a ground water source with a priority later than March 25, 1963 or on a surface water source with a priority later than May 20, 1971. An exception is that a claim may be filed on single family domestic use from a ground water source.

- (2) Describe the source of water: (Name of stream, lake, spring, etc., or ground water)

ground water tributary to _____

- (3) Describe the purpose for which the water has been used and the time during the year when you have used the right claimed:

(cfs, gpd, AFA)	(Domestic, Irrigation, Stock, Etc.)	(Both dates inclusive)	
		(Mo., Day)	(Mo., Day)
Quantity <u>3,600,000 gpd</u>	Use <u>municipal</u>	Period of Use From <u>Jan. 1</u>	To <u>Dec. 31</u>
Quantity _____	Use _____	Period of Use From _____	To _____
Quantity _____	Use _____	Period of Use From _____	To _____
Quantity _____	Use _____	Period of Use From _____	To _____
Quantity _____	Use _____	Period of Use From _____	To _____

- (4) 3,600,000 gpd TOTAL QUANTITY USED.

(cfs, gpd, AFA)

- (5) A) Point of diversion: (Location of point where water is diverted from its source)

s.w. ¼ n.e. ¼, Sec. 3 Twp. 3S Rge. 35 E.B.M., County of Bingham

Additional points of diversion: _____

B) Describe means of diversion of water: (Pump and pipeline, well, diversion dam, reservoir, length of ditch and field, etc.). Give sizes and capacities: be as specific as possible. Describe any changes in the system and give the date of the change. well, pump, and elevated tank, 150 H.P. GE motor, 2500gpm capacity
Lane Pump,

- (6) A) Describe location of use by listing number of irrigated acres within each 40-acre tract in appropriate box. If use is not for irrigation, place an "X" in appropriate box to show location.

T	R	SEC.	NE¼				NW¼				SW¼				SE¼				TOTAL
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

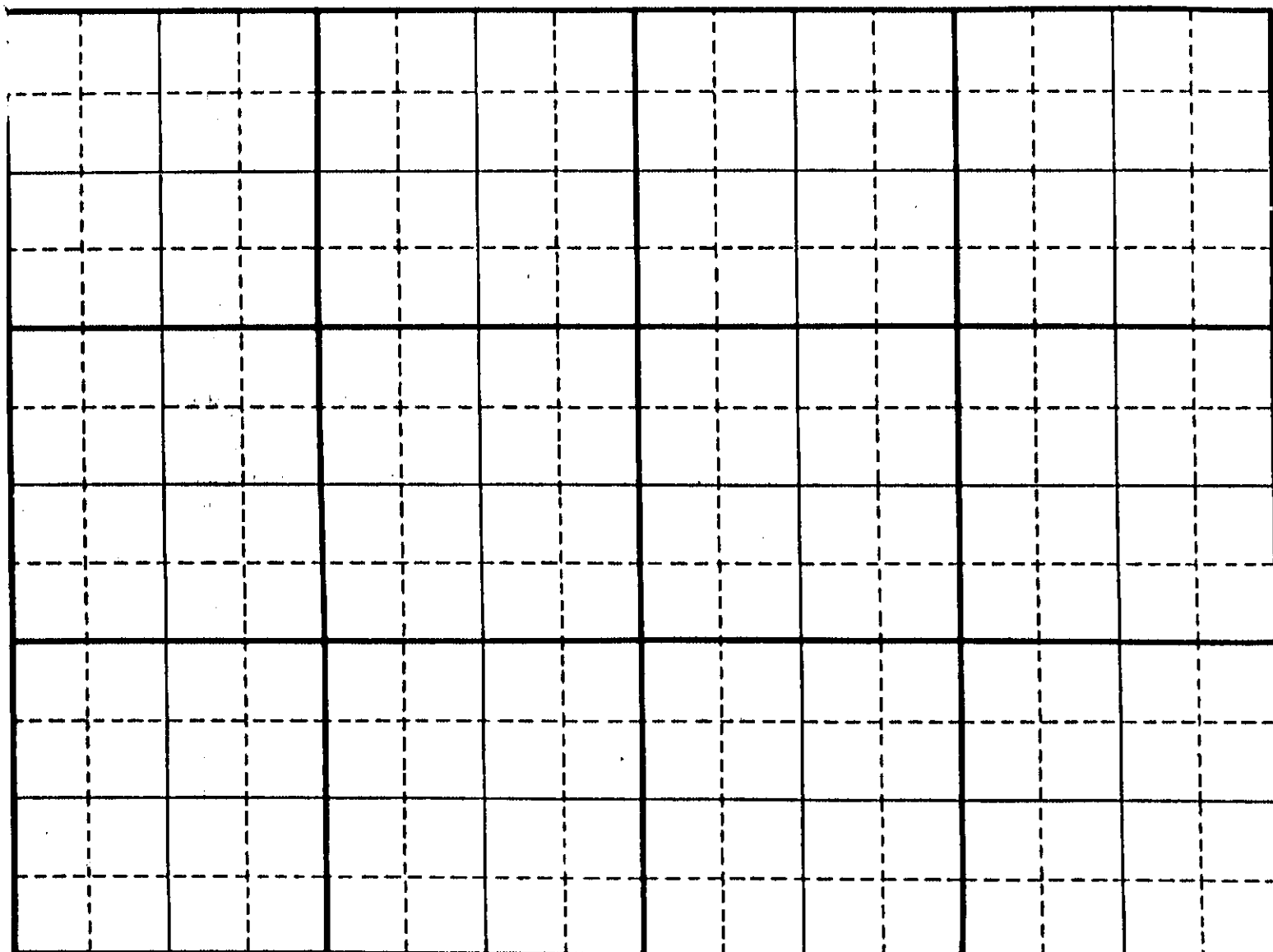
No. of acres _____

B) If water is used for other than irrigation, fully describe that use, being as specific as possible: municipal
use for the City of Blackfoot

NOTE: Include here the type and number of stock watered: _____

- (7) If you are claiming water as a member of an organization, list name of organization: City of Blackfoot

(8) Remarks well #7 replaces well #1 in the same 1/4, 1/4 section well #1 being abandoned and capped. See attached exhibit for well location.



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of Idaho)
County of Bingham) ss.

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge.

Sworn to before me this 31st day of January

Reid K. Larsen
Reid K. Larsen (Claimant) Attorney for
19 83 City of Blackfoot

Gaylynne Bauer
Notary Public
Residing at Blackfoot

My commission expires life

9661 E NOV 1 1986
MICROFILMED

FOR DEPARTMENT USE ONLY

Received by _____ Date _____ Exception filed by: _____ Forwarded to _____ Date _____
Prelim. check by _____ Date _____ claimant by: _____
\$20.00 fee received by _____ Date _____
Published in _____
Dates _____

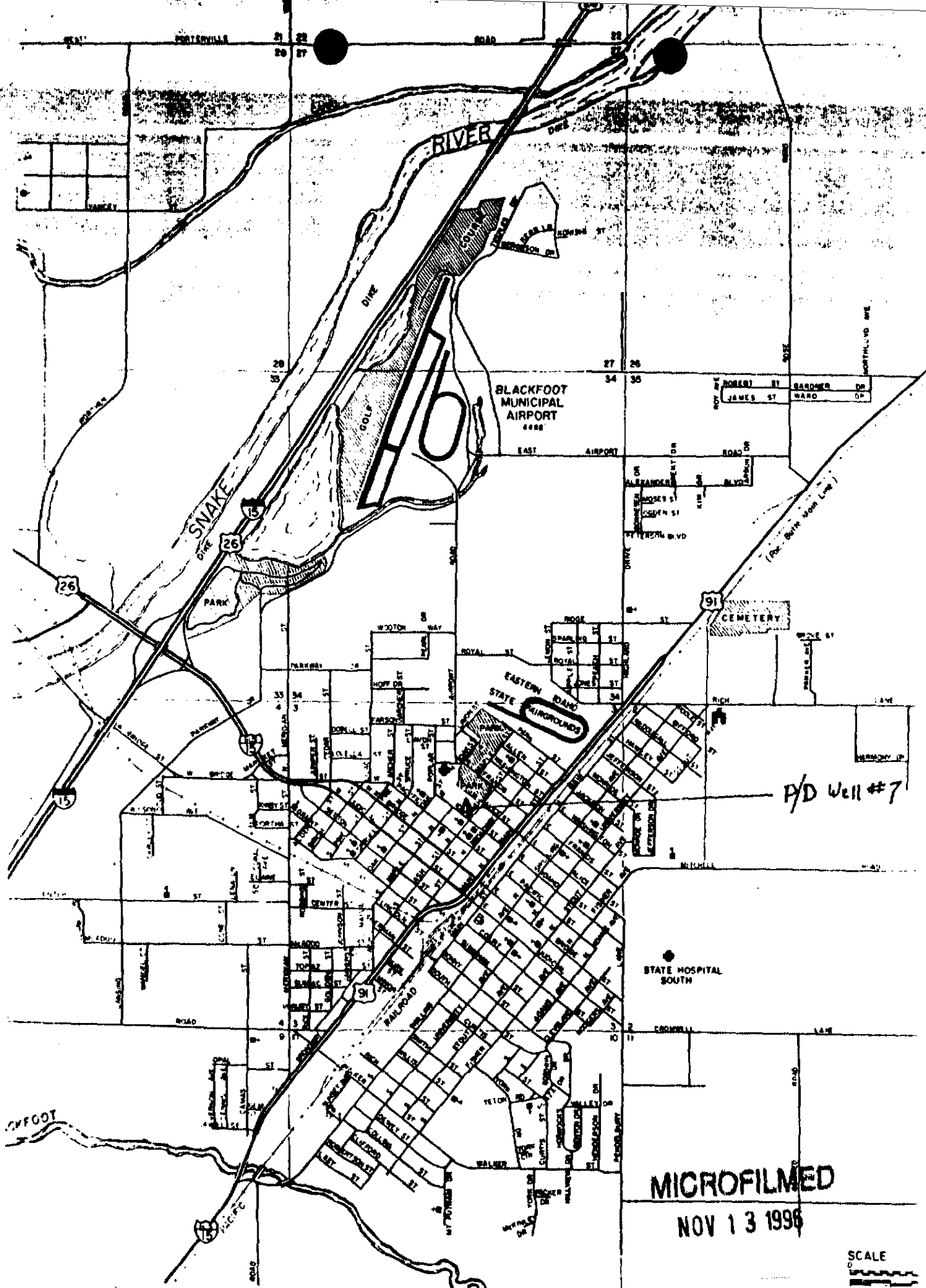
Well # MICROFILMED

NOV 13 1996

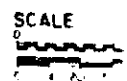
Priority

Water right number

A 27-04086



MICROFILMED
NOV 13 1996





UNITED STATES FIDELITY AND GUARANTY COMPANY

STATUS INQUIRY

OWNER, OBLIGEE OR ORIGINATING CO. & ADDRESS

City of Blackfoot Idaho
Office of City Engineers
Blackfoot, Idaho

DATE
NOV 27 1974

OUR BOND NO.

71-0120-747-73
REINSURER'S NO.

CONTRACTOR	BOUG CUSHMAN DRILLING COMPANY		
ADDRESS	445 Riverton Road, Blackfoot Idaho		
DESCRIPTION OF CONTRACT	For the drilling of a domestic water Well, (Well No. 07) for the city of Blackfoot, Idaho		
OWNER	City of Blackfoot, Idaho		
CONTRACT PRICE	\$ 10,230.00	BOND (\$)	same
		EFFECTIVE DATE	December 26, 1973

WITHOUT PREJUDICING YOUR RIGHT OR AFFECTING OUR LIABILITY UNDER OUR BOND (\$\$) DESCRIBED ABOVE,
WE WOULD APPRECIATE SUCH OF THE FOLLOWING INFORMATION AS IS NOW AVAILABLE.

VERY TRULY YOURS,

*INCLUDE LOCATION AND OWNER'S
CONTRACT NUMBER.

BY

Dianne Cardon
Dianne Cardon

1. IF CONTRACT COMPLETED, PLEASE STATE:

APPROXIMATE DATE OF COMPLETION
OF WORK (OR FINAL DELIVERY).

June 26, 74

APPROXIMATE ACCEPTANCE
DATE

June 26, 74

FINAL CONTRACT PRICE

41,081.00
~~35,973.00~~

2. IF CONTRACT UNCOMPLETED, PLEASE STATE:

APPROXIMATE PERCENTAGE OR DOLLAR AMOUNT
OF CONTRACT COMPLETED OR DELIVERED

3. DO YOU KNOW OF ANY UNPAID BILLS FOR LABOR OR MATERIALS:



YES



NO

4. REMARKS:

PLEASE RETURN ORIGINAL OF THIS INQUIRY
IN ENCLOSED ENVELOPE TO:

NAME:

ADDRESS:

SIGNATURE: *[Signature]*

MICROFILMED

NOV 13 1995

WATER QUALITY REPORT

JUN 7 1974
RECEIVED JUN 21 1974Source of Sample: Blackfoot

STORET No. _____

Sampling Point Location: Well # 7Sample Submitted By: Jack OlneyDate of Collection: May 22 1974
MONTH DAY YEAR

Date Submitted: _____

Field Testing*

STORET
Code

Temperature

°C

°F

Dissolved Oxygen

pH (Field)

Chlorine

Total Residual

Free

Area of Benthic Sample Taken

ft.²

(00010)

(00011)

(00300)

(00400)

(50060)

(50064)

Network Samples*

STORET
Code☐ Check for Network Analysis☐ Sp. Conductance (umhos/cm)☐ Alkalinity (as CaCO₃)☐ Iron (as Fe, total)☐ Manganese (as Mn, total)☐ Sodium (as Na, total)☐ Potassium (as K, total)

(00095)

(00410)

(01045)

(01055)

(00929)

(00937)

Laboratory*

(Check Analysis)

☒ Check for Ammonia
(Minimum 1 mg/liter)☐ Turbidity☐ pH (Lab)☐ BOD₅☐ Total Solids☐ Ammonia☐ Nitrate☐ Nitrite☐ Orthophosphate (as PO₄)

(00070)

(00403)

(00310)

(00500)

(71845)

(71850)

(71855)

(00660)

Waste Samples*

☐ Check for Waste Analysis☐ Sus. Solids☐ Vol. Solids☐ Vol. Sus. Solids☐ Set. Solids (ml/L)☐ T. Kjeldahl Nitrogen (as N)☐ T. Inorganic Phosphate (as PO₄)☐ T. Phosphorus (as P)☐ T. Organic Carbon

(as Org. C, total)

(00515)

(00506)

(00520)

(00545)

(00825)

(00860)

(00865)

(00880)

Special Laboratory*

☐ COD

High level

Low level

☐ Hardness (as CaCO₃)☐ Calcium (as Ca)☐ Magnesium (as Mg)☐ Chloride (as Cl)☐ Sulphate (as SO₄)☐ Silica (as SiO₂)☐ Fluoride (as F⁻ dissolved)☐ H₂S

(00340)

(00335)

(00900)

(00916)

(00927)

(00940)

(00945)

(00950)

(00950)

(71875)

Bacteriological Analysis

☐ Total Coliform /100 ml (MF) _____ (31501)☐ Fecal Coliform /100 ml (MF) _____ (31616)

Other Analyses or remarks: _____

*Results expressed in ppm (mg/l.) unless indicated otherwise.

Copies of Report to: _____

Southeastern District Health DepartmentBingham County Office412 West Pacific - P O Box 829Blackfoot, Idaho 83221

EPH 73661

Date reported: 6-7-74Chemist: [Signature]MICROFILMED
NOV 13 1996

