

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: A27-04153
Date Received: 3/31/1989
Receipt No: E006680
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: MAY 27, 1958

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
02S	35E	27	SE	SW			BINGHAM

5. Description of diverting works:
WELL & PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	03/01	11/31	0.143		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
M/ CULINARY WELL FOR MUNICIPAL GOLF COURSE AT BLACKFOOT.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
02S	35E	27	SE	SW		MUNI	

11. Place of use in counties: BINGHAM

A27-04153

Page 1

Date: 03/31/89

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A2704153

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

13. Other Water Rights Used:
NONE.

14. Remarks:

15. Basis of Claim: 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 ☒ 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 Supt. of
Title
CITY OF BLACKFOOT, that I have signed the foregoing
Organization
document in the space below as WATER Supt. of
Title
CITY OF BLACKFOOT and that the statements contained in the
Organization
foregoing document are true and correct.

Jack A. Olney
Signature of Authorized Agent
WATER Supt. 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 3 day
of April 19 89

Donavan D. Wren
Notary Public

Seal

Residing at Blackfoot

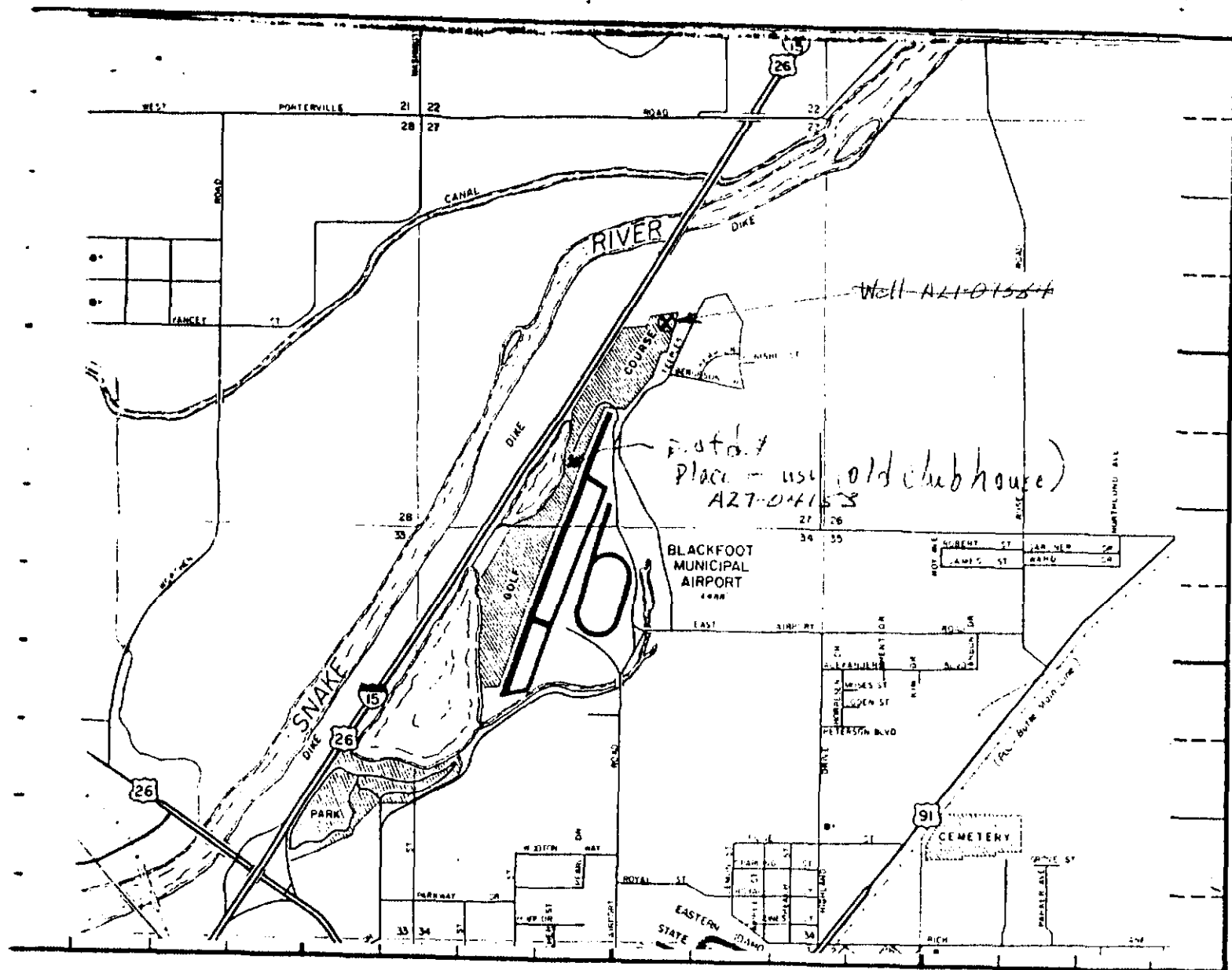
A27-04153

Page

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

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Remarks SEE ATTACHED MAP FOR POINT OF DIVERSION AND PLACE OF USE



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.

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AJS809NP
No. A27-04153

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 10/26/94
PAGE: 39

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	05/27/1958	MUNICIPAL	03-01 11-31	0.14 CFS	
TOTAL DIVERSION:					0.14 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: STATUTORY CLAIM

Point(s) of Diversion: T02S R35E S27 SESW

BINGHAM County

Place of use Legal Description for: MUNICIPAL

NE				NW				SW				SE													
T	R	S		NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:		
				Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:
02S	35E	27	:					:					:					:						:	

POU County: BINGHAM

Non-Irrigation Uses: M/ CULINARY WELL FOR MUNICIPAL GOLF COURSE AT BLACKFOOT.

Other Rights: NONE.

Dates: Exam Made Date:

Verified Date:

Misc: Water District Number:

Field Inspection Flag:
Presumption Flag:

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217
J5/86

For Office Use Only
Fee Received _____
Date _____
Receipt # _____
Receipt by _____
Reviewed by _____
Sent to region _____

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

Permit No. 27-7384

Name(s) of Permit Holder: City of Blackfoot, Idaho

Post Office Address: 157 No. Broadway

Blackfoot, Idaho 83221 Telephone No. (208) 785-0491

Source of Water: Ground water

Extent of Use:

Domestic XX (number of households) Stockwater _____ (number and type of stock)

Irrigation _____ (acres) Other/Remark _____

Golf Course Club House /Culinary

Total rate and/or volume for which proof is submitted 0.14 cfs _____ acre-feet

Show the date water was first diverted and beneficially used under this permit: July 23, 1973

Measuring Device: Required? Yes / No Fee enclosed \$ 50.00
Installed? Yes / No (See License Examination Fee Schedule)

Flow Measurement Port: Required? Yes / No
Installed? Yes / No

Person to contact to accompany the Department representative during the field examination:

Jack A. Olney, Superintendent (208)785-0570
(Name) (Telephone Number)

157 No. Broadway Blackfoot, Idaho 83221
(Address)

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

City of Blackfoot by Jack A. Olney, Water Superintendent

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Date _____ Signature of Permit Holder (and title, if appropriate) _____

For Office Use Only
Amt. of Fee \$ _____
Date _____
Receipt No. _____
Received by _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

Permit No. 27-07385 Telephone No. 208-785-8608

Name(s) of Permit Holder(s): CITY OF BLACKFOOT GOLF COURSE

Post Office Address: 157 N. Broad

Source of Water: ground water - deep well

If ground water, well driller's name: Dougherty Drilling Co. Date drilled: 7-26-73

Extent of Use:
Domestic _____ (No. of households) Irrigation _____ (No. of acres)
Stockwater _____ (No. and type of stock) Other GOLF COURSE IRRIGATION

Total rate and/or volume for which proof is submitted 1.4 cfs _____ acre/feet

Show date water was first diverted and beneficially used under this permit: 7-26-73

One of the following may be a condition of approval of your permit:

Measuring device: Required? ☐ Yes ☐ No Installed? ☐ Yes ☐ No

OR

Flow Measurement Port: Required? ☒ Yes ☐ No Installed? ☒ Yes ☐ No

Fee Enclosed: \$ 125.00 (See License Examination Fee Schedule)

Person to contact to accompany the Department representative during the field examination:

JACK A. OLNEY 208-785-8608
Name Telephone No.

157 N. Broadway Blackfoot, Id. 83221
Address

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NOV 13 1996

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

4-9-90
Date

Jack A. Olney Water Supt. City of Blackfoot
Signature (and title if on behalf of a company or organization)



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

ANALYTICAL LABORATORIES, INC.

1804 N. 33RD ST., BOISE, IDAHO 83703

PHONE 342-5915 AREA CODE 208

COPY DISTRIBUTION
 White - PWS Owner
 Green - H&W Region/District
 Pink - H&W Region/District
 Gold - H&W Laboratory

INORGANIC CHEMICAL CONTAMINANTS

Drinking Water Systems

LAB #12557

Name of Water System BLACKFOOT GOLF COURSE				County BINGHAM		Date Collected (10/15) 10 02 89			Office Use Only PWS ID (1-7)						
Full Name JACK A. OLNEY WATER SEPT.				REPORT RESULTS TO:		Time Collected (16:19) AM			LID						
Address 157 N. BROADWAY				City BLACKFOOT		State IDAHO			Zip Code 83221						
Sample Location BLACKFOOT GOLF COURSE				Sample Type (Check One) ☒ D - REG. DISTRIBUTION ☐ C - CHECK ☐ P - PLANT TAP ☐ R - RAW WATER ☐ S - SPECIAL		Container Type ☐ Glass ☒ Plastic			Preservative Used ☐ None ☐ Nitric Acid ☐ Sodium Hydroxide ☐ Sulfuric Acid ☐ Other						
COMMON CHEMICAL CONTAMINANTS															
▼ Check Desired Analysis															
PRIMARY															
Office Use Only															
✓	ID (25-28)	CONTAMINANT NAME Maximum Allowable Level	Method (29-31)	ANALYSIS RESULTS* (32-39)				Analysis Date (40-45) Mo Day Yr			Analyst Initials	LAB NAME	LAR ID (46-50)		
	1005	Arsenic .05	1												
	1010	Barium 1	1												
	1015	Cadmium .010	1												
	1020	Chromium .05	1												
	1025	Fluoride 1.4-2.4	1												
	1030	Lead .05	1												
	1035	Mercury .002	1												
X	1040	Nitrate (As N) 10	1	2	1	3		1	0	1	2	8	9	CO	ALI
	1045	Selenium .01	1												
	1050	Silver .05	1												
	1024	Cyanide .2	1												
▼ Check Desired Analysis															
SECONDARY															
✓	ID	CONTAMINANT NAME Maximum Limit	Method	ANALYSIS RESULTS*											
	1017	Chloride 250	1												
	1905	Color (C.U.) 15 units	1												
	1022	Copper 1	1												
	1027	Hydrogen Sulfide .05	1												
	1028	Iron .3	1												
	1032	Manganese .05	1												
	1920	Odor No. (T.O.) 3	1												
	2910	Phenols .001	2												
	1055	Sulfate 250	1												
	2905	Surfactants .5	2												
	1930	Total Dissolved Solids 500	1												
	1095	Zinc 5	1												
▼ Check Desired Analysis															
OTHER															
✓	ID	CONTAMINANT NAME	Method	ANALYSIS RESULTS*											
	1927	Alkalinity (Total)	1												
	1003	Ammonia (As N)	1												
	1018	Calcium	1												
	1915	Hardness (as CaCO ₃)	1												
	1031	Magnesium	1												
	1925	pH (pH units)	1												
	1042	Potassium	1												
	1049	Silica	1												
	1052	Sodium	1												
	1926	Spec. Cond. Umhos/cm	1												
*Results Expressed in mg/liter unless indicated otherwise															
Lab Supervisor Signature <i>David M. Smith</i> Analysis Completion Date (Mo, Day, Year) OCTOBER 13, 1989															

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 NOV 13 1996



AGRICULTURAL SERVICES, INC.

PUMPS AND IRRIGATION EQUIPMENT

PHONE 785-1717

BLACKFOOT, IDAHO 83221

P. O. Box 627

CONFIRMING ORDER

The undersigned, owner or its representative, hereby instructs Agricultural Services, Inc., an independent contractor, to proceed with the work described with the understanding that they are not to be held liable in any way whatsoever for failure to complete the work mentioned, nor for any injury or damage resulting from their effort to perform such work, or for any delay on their part in completing same. Contractor shall carry its own Workmen's Compensation, public liability and property damage insurance.

NAME City of Blackfoot LOCATION McCarley Field & Blkft. Golf Course DATE 9-18-86
I.D. Well 16" Well Depth 180 Amount of Casing in Well 0-156'-16"
Static Water Level 15" Will Well Pump Sand? No Orifice Size 6"
Bowl Capacity Max. 8"x6" Discharge Pipe to use 8"x6" Size of Col. & Length 82' w/..shovls..

Time	Water Level Ft. from Top	R.P.M.	Orifice Reading Inches	G.P.M.	Remarks — Sand? Cascading Water? etc.
9:45	15'	900	8½"	461	Clear
10:00	14'-9"	1000	14"	581	Clear
10:15	14'-9"	1200	22"	742	Clear
10:30	14'-9"	1400	30"	867	Clear
10:45	18'	1500	37"	963	Clear
10:55	18'	1600	45½"	1064	Clear
11:00	18'	1800	58½"	1210	Clear
11:30	18'	1900	66"	1286	Clear
12:00	18'	1900	66"	1286	Clear
12:30	18'	1900	66"	1286	Clear
1:00	18'	1900	66"	1286	Clear
1:30	18'	1900	67"	1295	Clear
2:00	18'	1900	67"	1295	Clear
2:30	18'	1950	70"	1324	Clear
3:30	18'	1950	70"	1324	Clear
4:30	18'	1800	62"	1251	Clear
5:00	18'	1800	62"	1251	Clear

TEST PUMP CHARGES

A standard well test includes a maximum setting of 200 feet and 2 hours of engine running time within 100 miles radius of Blackfoot, Idaho.

The well test charge is _____ Dollars

Settings deeper than 200 feet will be charged _____ Dollars per foot

Additional engine time is _____ Dollars per hour

Well tests outside of the
100-mile radius will be charged _____ Dollars

Proposed Setting _____ ft. Size of Well _____ inches Amount of Water Desired _____ gpm

Test pumps are for test use only. User will pay Dealer cost for replacement of worn parts.

Above rates exclude employee subsistence and incidental job related expenses incurred. These expenses will be billed actual cost. All materials furnished by Contractor will be billed at regular selling price. Invoices will be paid by the Contractor upon completion of the work or on a monthly basis if the job requires more than one calendar month. Contractor's Standard Terms and Conditions on reverse side are a part of this document and sale.

Address _____

Owner _____

By _____

NOTED
NOV 13 1996

LABORATORIES:

BOISE
COEUR D'ALENE
IDAHO FALLS
LEWISTON
POCATELLO
TWIN FALLS

**STATE OF IDAHO — DEPARTMENT OF
ENVIRONMENTAL PROTECTION AND HEALTH**

**WATER SAMPLE
FOR BACTERIOLOGICAL QUALITY TEST
(PURITY TEST)**

PLEASE PRINT PLAINLY

See Back of Form for Collecting Instructions

SOURCE

Drilled well

(Type of Well, Spring, Stream, Etc.)

LOCATION OF SOURCE

Blackfoot Golf Course

(Address if City: Distance and Direction from Town if Farm)

REPORT RESULT TO:

NAME

Blackfoot Health Dept

IF WELL, GIVE DEPTH

150
Feet

ADDRESS

157 N. Broadway

SAMPLE COLLECTED

9:00
Hour

9/20/77
Date

RESULT OF WATER TEST:

INTESTINAL BACTERIA WERE ☐ FOUND IN THE WATER SAMPLE

INTESTINAL BACTERIA WERE NOT ☒ FOUND IN THE WATER SAMPLE

MEMBRANE FILTER _____ COLIFORMS/100 ml

DATE RECEIVED

9-20

James Paanen
Microbiologist

EXPLANATION: Intestinal bacteria should not be present in your water supply. The presence of these organisms indicates that your water is contaminated. This may be due either to poor quality of water at its source or improper construction and maintenance of the system. Because the quality of water may vary from time to time, it is recommended that repeat samples be submitted. For Department of Environmental Protection and Health recommendations or approval of your water supply, please contact your sanitarian or public health engineer.

PRESUMPTIVE TEST

DATE

10cc

10cc

10cc

10cc

10cc

CONFIRMATORY TEST

DATE

RESULT

FILL TO NECK OF BOTTLE. ALLOW AN AIR SPACE AT THE TOP

WELL DRILLER'S REPORT

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

WELL OWNER

Name CITY OF BLACKFOOT (GOLF COURSE)

Address BLACKFOOT, IDAHO 83221

Owner's Permit No. _____

7. WATER LEVEL

Static water level 26 feet below land surface

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Temperature 44 ° F. Quality _____

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

Controlled by ☐ Valve ☐ Cap ☐ Plug

NATURE OF WORK

☐ New well ☒ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA		AIR TEST
☐ Pump	☐ Bailer	☒ Other
Discharge G.P.M.	Draw Down	Hours Pumped
50	NONE	1

PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Test

☒ Municipal ☐ Industrial ☐ Stock

9. LITHOLOGIC LOG

[illegible]

METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 112 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
02.50 inches	6 inches	+ 2 feet	142 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
Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

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

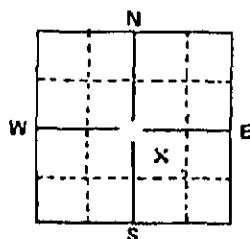
Placed from _____ feet to _____ feet

Surface seal? ☐ Yes ☒ No To what depth _____ feet

Material used in seal ☐ Cement grout ☐ Puddling clay

LOCATION OF WELL

Sketch map location must agree with written location.



County BINGHAM

417 1/4 SE 1/4 Sec 27 T 2 S 8 N/S R 35 F 114

10. Work started 7/25/73 finished 7/25/73

11. DRILLER'S CERTIFICATION

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

BOUG CUSHMAN DRILLING COMPANY 72

Driller's or Firm's Name	Number
--------------------------	--------

945 E BROADWAY-BLACKFOOT, IDAHO 83221

Address _____

7/26/73

STATE OF IDAHO
DEPARTMENT OF HEALTH
LABORATORIES

POCATELLO
TWIN FALLS

BOISE

COEUR D'ALENE
LEWISTON

REPORT OF WATER ANALYSIS

May 14, 1963

Name Blackfoot City

Address City Hall, Blackfoot, Idaho

Source City Golf Course

Date Collected 5-8-63 Date Received 5-10-63

RESULT:

Intestinal bacteria were Not found in this sample of water.

J. H. Trajcia
Microbiologist

EXPLANATION: Intestinal bacteria **should not be found** in your water supply. The presence of these organisms indicates that your water is **contaminated**. This may be due either to poor quality of water at its source or improper construction and maintenance of the system. Because the quality of water may vary from time to time, it is recommended that repeat samples be submitted. For Department of Health recommendations or approval of your water supply, please contact your sanitarian or public health engineer.

Form DH 59006

MICROFILMED
NOV 13 1995