

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: A27-07015
Date Received: 1/05/1989
Receipt No: FOC 5972
Received By: JT

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CITY OF BASALT 208-346-6944
Address: P.O. BOX 178
BASALT, ID 83218

2. Date of Priority: APR 06, 1971

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
01S	37E	19		SW	SE		BINGHAM
				SE	SE		BINGHAM

5. Description of diverting works:
TWO WELLS AND PUMPS TO STORAGE TANK

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	2.000		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
MUNICIPAL

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
01S	37E	19	NE	SE		MUNI	
			NW	SE		MUNI	

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10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
01S	37E	19	SW	SE		MUNI	
			SE	SE		MUNI	

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:
NONE

14. Remarks:
USE IN CITY OF BASALT

15. Basis of Claim: LICENSE
Water Right Number: 277015

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/We 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 MAYOR of
_____ Title
CITY OF BASALT, that I have signed the foregoing
Organization
document in the space below as MAYOR of
_____ Title
CITY OF BASALT and that the statements contained in the
Organization
foregoing document are true and correct.

Michael C. Young
Signature of Authorized Agent
MAYOR CITY OF BASALT
Title and Organization
3/6/89
Date

State of Idaho)
County of Bonniwell) SS.

Subscribed and sworn (or affirmed) before me this 6th day
of March 19 89

Betty J. Thompson
Notary Public

Seal

Residing BETH J. THOMPSON, NOTARY PUBLIC
RESIDING AT BONNIEVILLE, IDAHO
My Commission Expires 6-30-94
Date: 01/05/89

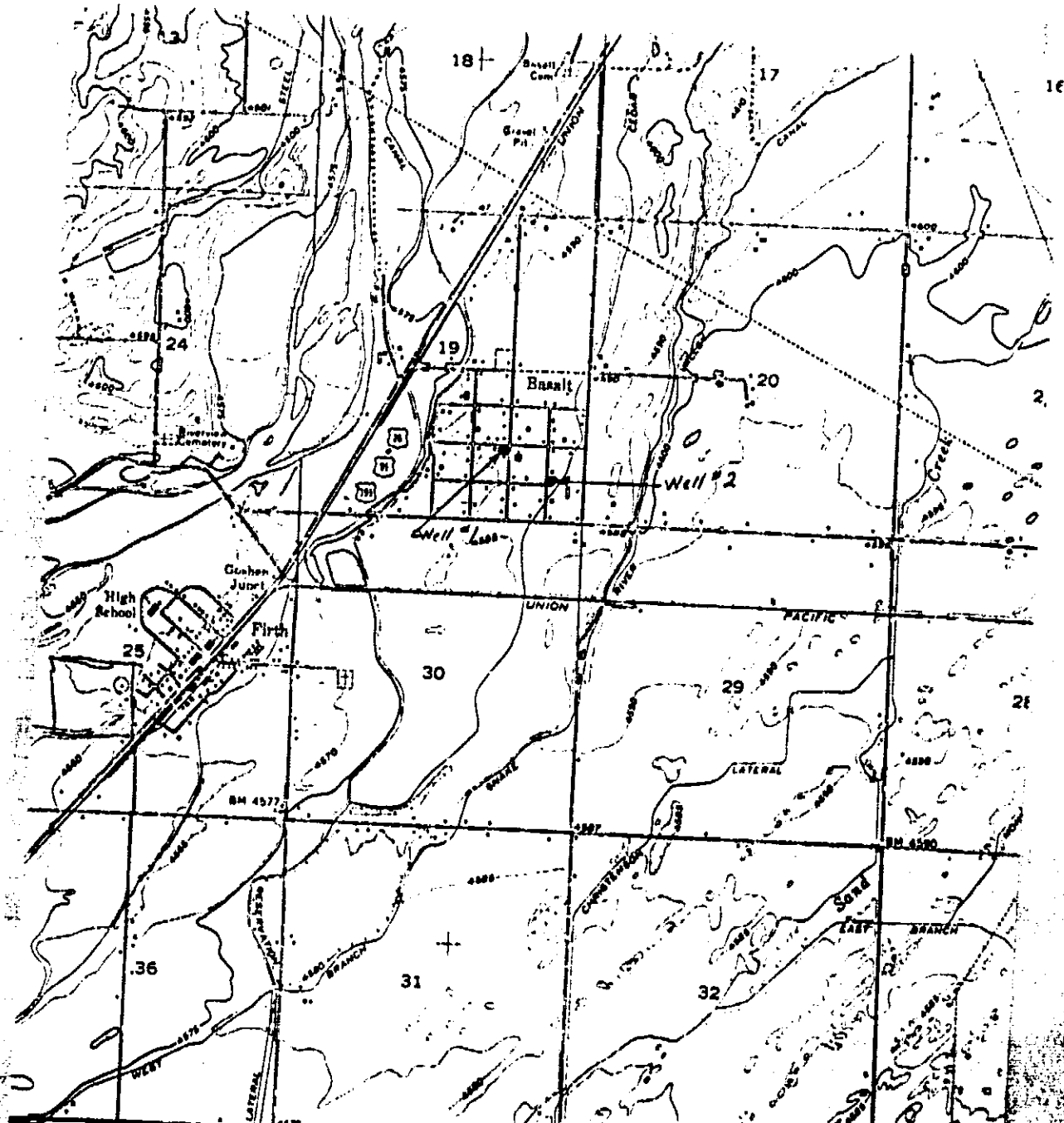
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FROM Brenda Bloom

DATE 8-31-90

TO File

SUBJECT Refund - City of Basalt.

We are unable to locate an Application
For Permit.

Not Sure of Reason for refund.

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B Bloom

SIGNATURE



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

City of Basalt
C/O Orrice Barnhart
Route 1, Box 389
Basalt, ID 83218

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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EXPENDITURE VOUCHER

E 005 972
AUDITOR USE

STATE OF IDAHO
Office of State Auditor

AGENCY USE

Date	6004
Code	06/16/89
	193002

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

AGENCY NAME: DEPT. OF WATER RESOURCES

Document No.	
Pre-Audit	Date
Warrant No.	

PAY

CITY OF BASALT
P. O. BOX 178
BASALT, ID. 83219

TO

CHECK ONE:

(1) MISCELLANEOUS EXPENDITURE

() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
ENCUMBRANCE REQUISITION

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	06 30 199	1238	8831		REFUND #A27-07015 PER D. SHAFF 6/ 9/89 55.00	55.00	
TOTAL						55.00	

NOTE: Final payment must be accompanied by a receiving copy

TOTAL

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

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RECEIPT
For Monies Paid
to the
IDAHO DEPARTMENT OF WATER RESOURCES

Receipt No: E005972

Date: 03/06/89
Time: 14:01:56

COPY

Received
From: YOUNG, MICHAEL C.

Type of Payment	Program Acct Class	Amount
ADJUDICATION FEE	0410162 9337 6490	\$250.00
APPLICATION FOR PERMIT	0630199 1238 6390	\$100.00

Total
\$350.00

CHECK 1102

WR/NO: A27-07015

Idaho Department of Water Resources

Region: EASTERN

Signature: _____

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