

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

RECEIVED

AUG 28 1992

Ident. Number: A27-07084
Date Received: 5/31/1989
Receipt No: T011572
Received By:

Department of Water Resources

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
STATE HOSPITAL SOUTH
450 W STATE 10TH FL
BOISE ID 83720

2. Date of Priority: MAY 9, 1977

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	35E	2		SE	SE		BINGHAM

5. Description of diverting works:
WELL, PUMP AND PIPELINES FOR SPRINKLER IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	3.110		969.50

7. Total Quantity Appropriated is:
3.110 C.F.S. (and/or) 969.50 A.F.A.

8. Total consumptive use is 692.5 Acre Feet Per Annum.

9. Non-irrigation uses:
N/A

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	35E	1	NW	SW		IRR	38.0
			SW	SW		IRR	38.0

A27-07084

Page 1

Date: 08/21/92

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NOV 13 1996

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	76.0
		2	NE	SW	IRR	14.0
			SE	SW	IRR	34.0
			NE	SE	IRR	39.0
			NW	SE	IRR	36.0
			SW	SE	IRR	39.0
			SE	SE	IRR	39.0
					Section Acres	201.0
					Total Acres	277.0

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:
N/A

14. Remarks:
INFORMATION IN THIS CLAIM IS BASED ON FIELD EXAM CONDUCTED
1 AUGUST 1985.

15. Basis of Claim: LICENSE

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

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
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 & WELFARE DIVISION
Title and Organization

8/27/92

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 STREET - 10TH FLOOR
BOISE ID 83720-5450
Date 8/27/92

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: A27-07084
Date Received: 5/31/1989
Receipt No: E008369
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: STATE OF IDAHO 208-785-1200
Address: DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
~~PO BOX 400~~ 450 W. State 10th Fl
~~BLACKFOOT ID~~ Boise, Id. 83221-83720

2. Date of Priority: MAY 9, 1977

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	35E	2	SE	SE			BINGHAM

5. Description of diverting works:
WELL, PUMP AND PIPELINES FOR SPRINKLER IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	3.110		969.50

7. Total Quantity Appropriated is:
3.110 C.F.S. (and/or) 969.50 A.F.A.

8. Total consumptive use is 692.5 Acre Feet Per Annum.

9. Non-irrigation uses:
N/A

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	35E	1	NW	SW		IRR	38.0
			SW	SW		IRR	38.0

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	76.0
		2	NE	SW	IRR	14.0
			SE	SW	IRR	34.0
			NE	SE	IRR	39.0
			NW	SE	IRR	36.0
			SW	SE	IRR	39.0
			SE	SE	IRR	39.0
					Section Acres	201.0
					Total Acres	277.0

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:
N/A

14. Remarks:
INFORMATION IN THIS CLAIM IS BASED ON FIELD EXAM CONDUCTED
1 AUGUST 1985.

15. Basis of Claim: LICENSE

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
_____, 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 _____

* 27-00

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: A27-07084
Date Received: 5/16/1989
Receipt No: E008369
Received By: DDM

RECEIVED

MAY 30 1989

Department of Water Resources
Eastern District Office

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: STATE OF IDAHO
Address: DEPT. OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
P.O. BOX 400
BLACKFOOT, ID

208-785-1200

83221

2. Date of Priority: MAY 09, 1977

3. Source: GROUNDWATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	35E	2	SE	SE			BINGHAM

5. Description of diverting works:
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Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	3.110		969.50

7. Total Quantity Appropriated is:
3.110 C.F.S. (and/or) 969.50 A.F.A.

8. Total consumptive use is 692.5 Acre Feet Per Annum.

9. Non-irrigation uses:
N/A

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	35E	1	NW	SW		IRR	38.0

A27-07084

Page 1

Date: 05/16/89

A2707084



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NOV 12 1992

10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	35E	1	SW	SW		IRR	38.0
						Section Acres	76.0
		2	NE	SW		IRR	14.0
			SE	SW		IRR	34.0
			NE	SE		IRR	39.0
			NW	SE		IRR	36.0
			SW	SE		IRR	39.0
			SE	SE		IRR	39.0
						Section Acres	201.0
						Total Acres	277.0

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:
N/A

14. Remarks:

INFORMATION IN THIS CLAIM IS BASED ON FIELD EXAM CONDUCTED
1 AUGUST 1985.

15. Basis of Claim: LICENSE

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 Administrative Director of Title State Hospital South, DHW, State of Idaho that I have signed the foregoing Organization document in the space below as Administrative Director of Title State Hospital South and that the statements contained in the Organization foregoing document are true and correct.

[Signature]
Signature of Authorized Agent
Administrative Director, SHS
Title and Organization

May 26, 1989
Date

State of Idaho)
County of Bingham) ss.

Subscribed and sworn (or affirmed) before me this 26th day
of May 19 89
[Signature]
Notary Public

Seal

Residing at Blackfoot
My Commission Expires 1/6/93

BM 4508

Pro & City
Map

A27-07084

100 WEST

T2S

T3S

R35E

R36E

P/D

P/U

State

39

38

39

39

38

12 6
12 7

MICROFILMED

NOV 12 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 A27-07084Date Received 7/01/572

Receipt Number _____

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
MAY 16 1989

Department of Water Resources

Please type or print clearly

State of Idaho, Department of Health and Welfare
1. Name of Claimant (s) State Hospital South Phone (208) 334-5537
c/o Michael Stoy, Deputy Attorney General
Mailing Address 450 W. State St., 10th Flr., Boise, ID Zip 83720

2. Date of Priority (Only one (1) per claim) 5/09/77

3. Source of water supply (a) Groundwater
which is tributary to (b) _____

4. a. Location of existing point of diversion is: Township 03S Range 35E Section 2,
SE 1/4 of SE 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of Bingham

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, pump and sprinklers

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NOV 13 1996

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 4/01 to 11/01 amount 3.11 or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 3.11 (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.) _____

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	
03S	35E	1									38								38
03S	35E	1											38						38
03S	35E	2									14								14
03S	35E	2												34					34
03S	35E	2													39				39
03S	35E	2														36			36
03S	35E	2															39		39

03S 35E 2 ~~Total number of acres irrigated~~ _____ 39 39
 Total number of acres irrigated: _____ 277

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

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.
See proof reading report or None ()

14. Remarks:

MICROFILMED
 NOV 13 1996

Last Name _____ Ident No. A27-07084

Copies: White -State, Yellow-Claimant

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

Decree _____

If applicable provide IDWR Water Right Number 27-07084

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 X 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 5/04/89

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

Subscribed and sworn (or affirmed) before me this 4th day of May 19 89

SEAL

Notary Public Patty L. McNeill

Residing at Boise

My Commission Expires 6/07/91

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, Michael Stoy, Deputy Attorney General 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 5/04/89

Last Name _____ Ident. Number A27-07084

Copies White-State, Yellow-Claimant

Log for claim 27-07084

Spatial Dynamics BTD

12/28/00

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
03s35e	1	NWSW	38	39	
03s35e	1	SWSW	38	38	
03s35e	2	NESW	14	21	Indiscernible
03s35e	2	SESW	34	31	
03s35e	2	NESE	39	41	
03s35e	2	NWSE	36	39	
03s35e	2	SWSE	39	40	
03s35e	2	SESE	39	40	
Totals:			277	289	

DATE: 09/29/00
PAGE: 100

Audit: 05/16/89 MEYER 06/10/92 FRAZEE 06/11/92 FRAZEE 06/12/92 CARLSON
08/10/92 CARLSON 08/12/92 CARLSON

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. [REDACTED]

Priority: May 9, 1977

Maximum Diversion Rate:
Maximum Diversion Volume:¹

3.11 CFS
969.5 AF

This is to certify, that STATE OF IDAHO
DEPT. OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
P.O. BOX 400
BLACKFOOT, ID 83221

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated May 9, 1977; and has submitted Proof of Beneficial Use on June 16, 1982. An examination indicates that the works have a diversion capacity of 3.110 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	04/01 to 11/01	3.11 CFS	969.5 AF

LOCATION OF POINT(S) OF DIVERSION: SESE , Sec. 2, Township 03S, Range 35E
BINGHAM County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
03S	35E	1	NWSW 38	SWSW 38			76
		2	NESW 14	SESW 34	NESE 39		
			NWSE 36	SWSE 39	SESE 39		201

Total number of acres irrigated: 277

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to reflect cropping patterns or acceptable standards of water delivery efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for the lands above.

MICROFILMED

SEP 15 1989

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 27-07084

CONDITIONS/REMARKS:

This license is issued pursuant to the provisions of Section 42-219, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this 7th
day of AUGUST, 1989.

Acting for

Norman C. Young
R. Keith Higginson, Director

MICROFILMED

SEP 15 1989

Identification No. _____

Application No. _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

APPROVED

To Appropriate the Public Waters of the State of Idaho
 (TYPE OR PRINT IN INK)

Idaho Department of Health & Welfare

1. Name of applicant State Hospital South Phone: 785-1200
 post office address Box 390, Blackfoot, Idaho 83221

2. Source of water supply Ground water which is a tributary of _____

3. a. location of point of diversion is SE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 2 Township 3s
 Range 35E B.M. Bingham County; additional points of diversion if any: _____

b. If water is not consumed, it will be discharged into _____ at a point in _____ $\frac{1}{4}$
 of _____ $\frac{1}{4}$ of Section _____ Township _____ Range _____ B.M. _____

4. Water will be used for the following purposes:

Amount 6.0 cfs for Irrigation purpose from April 1 to November 1 (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purpose from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purpose from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated:

a. 6.0 cubic feet per second and/or

b. _____ acre feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well, pump, potable lines

b. Height of storage dam _____ feet, active reservoir capacity _____ acre feet; total reservoir
 capacity _____ acre feet, materials used in storage dam: _____

Period of year during which storage will occur _____ to _____ inclusive.
(Mo. Day) (Mo. Day)

c. Proposed well diameter is 20 inches; proposed depth of well is 100 feet.

7. a. Time required for the completion of the works and application of the water to the proposed beneficial use
 is 5 years.

b. Estimated construction cost is \$ 5,500 to \$ 6,500.

8. Description of proposed uses:

a. If water is **not** for irrigation:

(1) Give the place of use of water: _____ $\frac{1}{4}$ of _____ $\frac{1}{4}$ of Section _____ Township
 Range _____ B.M. _____

(2) Amount of power to be generated: _____ hp under _____ feet of head.

(3) List number of each kind of livestock to be watered _____

(4) Name of municipality to be served _____, or number of families to be
 supplied with domestic water _____

(5) If water is to be used for other purposes describe: _____

MICROFILMED

1161 50 AMM

RECEIVED

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

TWP.	RANGE	SEC.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				TOTALS
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
3S	35E	1									5	40	40	5					90.
3S	35E	2									20			30	40	40	40	40	210

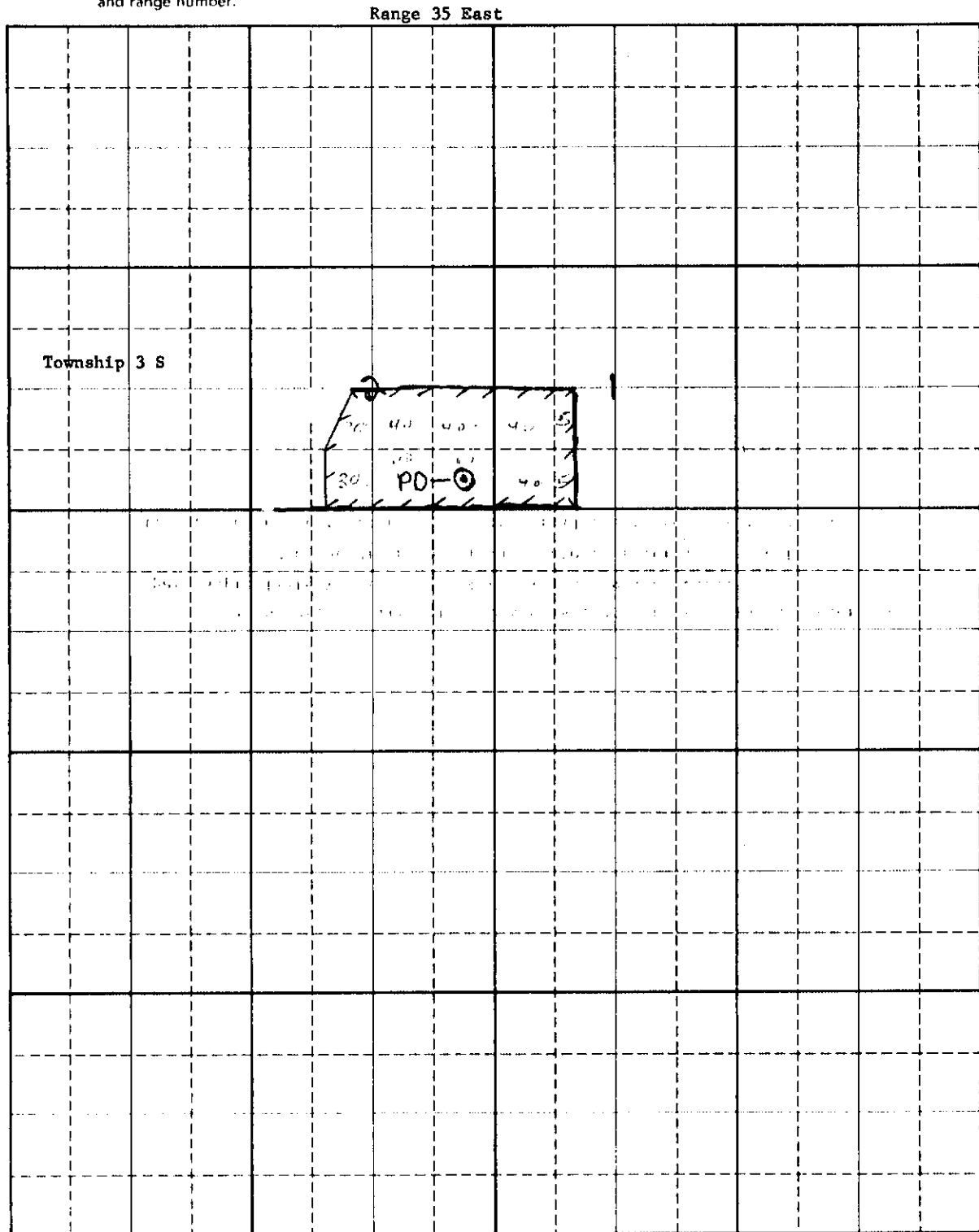
Total number of acres to be irrigated. 300

c. Describe any other water rights used for the same purposes as described above. Surface water rights
(See Remarks)

9. a. Who owns the property at the point of diversion Applicant
 b. Who owns the land to be irrigated or place of use Applicant
 c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing _____

10. Remarks Fall of the present irrigation ditch is too great to hold the water needed to irrigate approximately fifty (50) acres of the involved area. In the past, excess water flow from the ditch was spilled into a pasture. The pasture has recently been converted to cropland and this spillage is now not feasible.

11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Idaho Department of Health & Welfare
State Hospital South
By C. H. Harris Ph.D.
(Applicant) Administrative Director

Department of Lands
Idaho Falls, Idaho

MAY 05 1977

RECEIVED

Proposed Priority 5/ 9/77

Received by me Date 5-9-77 Time 10:50 a.

Preliminary check by ARK Fee \$75.00 # 7222

Received by me Date 5-9-77

Publication prepared by me Date 5-13-77

Published in The Blackfoot News

Publication dates May 19 & 26, 1977

Publication approved me Date 6-1-77

Priority reduced to _____ Reason _____

Protests filed by: _____

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial ARAC jc

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 27-7084, and said application is hereby APPROVED.

1. Approval of said application is subject to the following limitations and conditions:

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before June 1, 19 82.
- c. Other: A measuring device of a type approved by this Department shall be permanently installed and maintained as part of the diverting works.
The rate of diversion of water for irrigation under this permit and all other water rights on the same land shall not exceed 0.02 cubic feet per second for each acre of land.

Witness my hand this 29 day of June, 19 77.


Deputy Director

BENEFICIAL USE FIELD REPORT

Department of Water Resources

1. ID. Dept. of Health + Welfare
Owner: State Hospital South Permit No. 27-7084
Current Address: Blackfoot, ID. Phone No. 785-1200
P.O. Box 400
2. Accompanied by: Armando Patino EXAM. DATE: 8-01-85
Address: _____ Phone No. _____
Relationship to Permit Holder: Farm Hand
3. Source: Groundwater tributary to _____

Well/Diversion* No.	Motor Make	HP	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
	Ford V-8	NA			
	(propose)				
	Via a				
	US Motors	125	9490-00-4-0416	Layne-Bowdler	45270
	Gear Drive				

*Code with points of diversion, system diagram & photos on reverse side. Disregard if only one.

- 5. System Description (As operating at time of measurement. Indicate pressure, number of sprinklers, etc.)**

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date
Eagle Eye Meter				091471	10-80	7-9-85
Annubar				191138	7.9"	

7. Measurements 9.75" max/min 20. ☐ Additional data/computation sheets attached

16" meter Reading

- | 8. Point(s) of Diversion: | Indicate Method of Determination |
|---------------------------|----------------------------------|
| | ASCS A/c Photo |

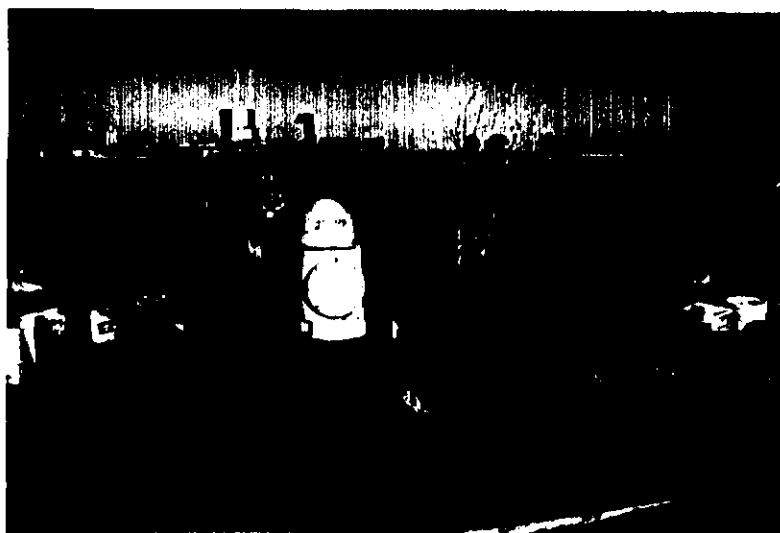
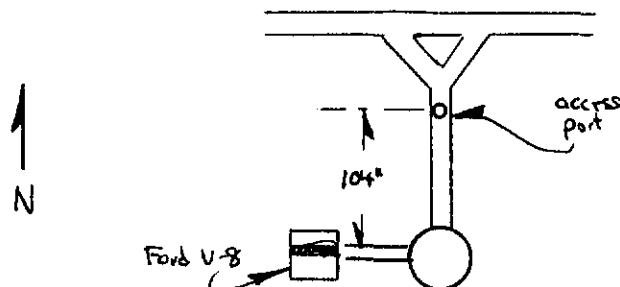
[illegible]

- | | | |
|----|------------------|---|
| 9. | Place(s) of Use: | Irrigation - give acres served by system at time of exam.
Indicate Method of Determination |
|----|------------------|---|

[illegible]

10. Other water rights on these lands Canal Rts - Corbett Slough
11. Other water right diverted from same p.d. NA
12. **Diversion and Delivery System Diagram:** Indicate all major components and distances between components. Indicate ditch size/pipe i.d. as applicable. Indicate on systems with measurement port the distance between the port and the nearest component/pipe bend/restriction both upstream and downstream, and the inside pipe diameter at the measurement port. On multiple diversion systems indicate how diversion systems are connected.

DIVERSION AND DELIVERY SYSTEM



13. ☒ Photo of Diversion & System Attached

☒ Aerial Photo of Place of Use Attached or Map of Irrigated Acreage Attached

14. Remarks _____

15. Recommended Amendments

☐ Change P.D. as reflected above

☐ Add P.D. as reflected above

☒ None

☐ Change P.U. as reflected above

☐ Add P.U. as reflected above

☐ Other

16. Examiner's/Consultant's Signature John Jones

Date 2-05-86

Consultant's License Number _____

IDWR Director's Authorization to Conduct

Beneficial Use Examination _____

Date

NOT RECORDED

CONSULTANT SEAL

SEP 15 1989

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
LICENSING REPORT

RECEIVED

FEB 20 1986

27-2084
Permit No.

1. Measurement Calculations

a) Field Measurement Calculations (Include theoretical capacities and system capacity)

$$Q = \left(\underset{\text{mainline}}{9.75" ID} \right)^2 \times 3.85 \sqrt{\underset{\text{Reading}}{16" \text{ meter}}} \\ = 1463.9 \text{ gpm or } 3.26 \text{ cfs (capacity)} \times 0.955 \text{ correction factor} = \underline{\underline{3.11 \text{ cfs}}}$$

* allow 3.11 cfs for irrigation of 277 acres

b) Volume Calculations for Irrigation:

$$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 277 \text{ acres} \times 3.5 \text{ cfs} = 969.5 \text{ cfs} \\ V_{DR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = 3.11 \text{ cfs} \times 214 \times 1.9835 = 1320 \\ V = \text{Smaller of } V_{IR} \text{ and } V_{DR} = \underline{\underline{969.5 \text{ cfs}}}$$

c) Volume Calculations for Other Uses:

2. Overlap Review

a) Other water rights with same place of use: Canal rights - Corbett Slough

b) Other water rights with same point of diversion: NA.

c) Analysis:

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()

- Date 12/22/88

35
3/2

2-9
30

C
9.5
B
2.5
3.5

NON-AQ.

A
1.1

1-576

B
3.1

C
7.4

B
7.0

F
1.5

E
2.6

D-494

(36)

C
39.7

(39)

D
1.5

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SEP 15 198

NOT TO SCALE

#27-7084

R 35 E

T3S
R35E

See R-10

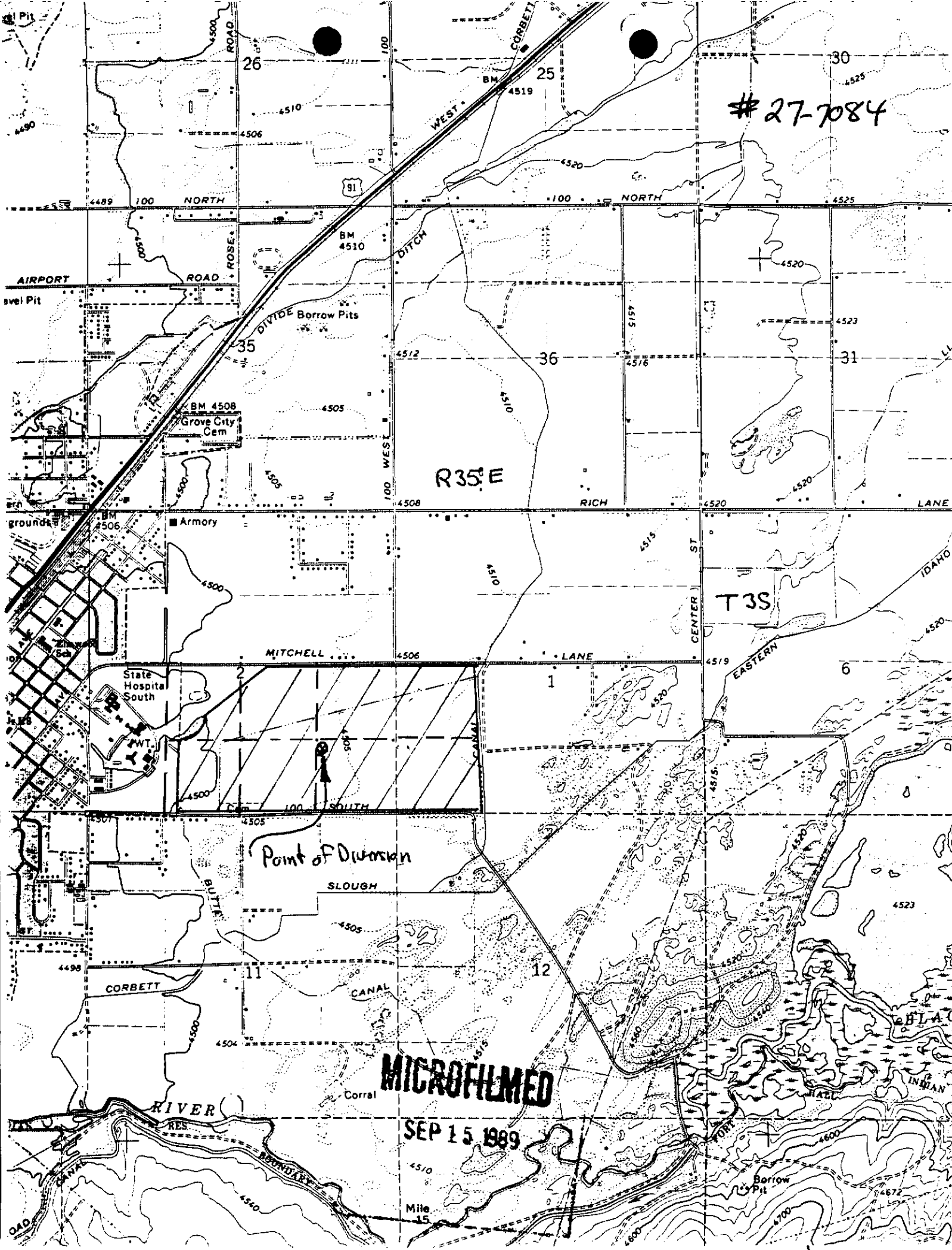
37.0

38.1

F
84

H
63

#27-7084



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15
Mile

REFUND REQUEST

date file
2-21-95

TO: S. Sherman to Log In
FOR: D. Shaff/D. Allen

FROM: _____ Date: 2-08-95
SUBJ: Receipt No. T011572 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR IDAHO DEPT. HEALTH & WELFARE
Address STATEHOUSE
BOISE

Claimant(s) if NOT Payor _____
Refund Amount \$ 277 Claim Location (Region/Claimant) _____
Extension Filed? Y/N NA Copy Attached? Y/N NA
Late Fees Paid? Y/N NA Late Fee Receipt # _____
S.O. Verified Ext. by _____ on _____ D.B. Query by _____
Refund Generated By (X) Agent () Claimant
Refund Category:
insufficient fees / claim incomplete / withdrawn (6-pmt)

Date of Last Correspondence (copy attached) 2-23-92

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<u>A27-07084</u>	<u>IRR.</u>	<u>\$ 327</u>	<u>50</u>	<u>T011572</u>
<u>A01-00047E</u>	<u>IRR</u>	<u>\$4611.53</u>	<u>4611.53</u>	<u>E008113</u>
<u>A01-00048</u>	<u>IRR.</u>	<u>\$ 50</u>	<u>50</u>	<u>"</u>
<u>A01-00304</u>	<u>IRR.</u>	<u>\$ 50</u>	<u>50</u>	<u>"</u>
<u>A27-07084</u>	<u>IRR</u>	<u>\$ 50</u>	<u>50</u>	<u>E008369</u>
Total		<u>\$5088.53</u>	<u>\$4761.53</u>	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N (X)
THE (1) CLAIMS ARE THOSE OF CORBETT SLOUGH COMPANY
THAT FIRST CLAIMED & PAID VARIABLE FEES THAT COVER
SAME LANDS OF H&W CLAIM A27-07084. FLAT FEE
ON E008369 REFUNDED & APPROVED 2-07-95.

Region AJ Spvrsr. Approval _____ S.O. AJ Spvrsr. Approval pas
Don Shaff Approval Shaff Hold _____ To Fiscal 02-09-95
2-08-95 Logged 02-09-95
Data Base Modified? Y/N NA A &/or R Records By _____ on _____

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NOV 13 1996

REFUND REQUEST

SUBMITTED TO AUDITOR

TO: S. Frazee to Log In
 FOR: J. Carlson/D. Shaff/D. Allen
 FROM: John Carlson S. Sherman

ON 2-10-95DATE: 9/13/92

RE: Payor Wasia Farms
 Address c/o Dick Wasia
54 N. 50 E.
Blackfoot ID 83221

Claimant if NOT Payor H+W, Div. of Community RehabRefund Amount \$ 50Claim Location Region attached.Extension Filed? Y/N (NA)Copy Attached? (Y/N NA)Late Fees Paid? Y/N (NA)On Receipt # E008369

S.O. Verified Ext. by _____ on _____

Refund Generated By () Agent (X) Claimant

Refund Category withdrawalDate of Last Correspondence (copy attached) 07-23-92

Claim No.	Use	Fees Paid	Correct Fee	Rec't #
<u>A27-07084</u>	<u>Inv.</u>	<u>\$ 50.00</u>	<u>50.00</u>	<u>E008369</u>

Detailed Reason(s) for Refund Attached Y/N
sp - 7-23-92 for from claimant

Region Adj. Supervisor Approval
 Don Shaff Approval 2-02-95
 Not Refunded as of 8/14/92
 Data Base Modified? (Y/N NA) By

John Carlson Approval CF
 Hold To Fiscal 02-09-95
 Logged 02-03-95
 Date 9/13/92

H+W submitted 2 claims for A27-07084
Hospital Smith 5-31-89 with Wasia Farms paying flat fee.
H+W Boise 5-16-89/7-06-89 via Elec. Trans. TO 11572 9-12-89.
With Hosp. Smith withdrawing its claim, Wasia can
have fee refunded.

12/30/91

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NOV 13 1996



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

PHILIP E. BATT
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

February 8, 1995

WASIA FARMS
C/O DICK WASIA
54 N 50 E
BLACKFOOT ID 83221

RE: Snake River Basin Adjudication (SRBA)
Bingham County - Notice of Claim #A27-07084
Health & Welfare, State Hospital South

Dear Claimant:

The Department of Health and Welfare, State Hospital South, withdrew their notice of claim referenced above in favor of a duplicate claim filed by Health & Welfare in Boise which also paid filing fees. The fees you paid for the Hospital South notice of claim can be refunded. The refund process has been initiated with the State Auditor's Office. You should receive your check in the near future.

Sincerely,

Donald V. Shaff
Manager, Adjudication Section

DVS:sf:ref

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(WATER RIGHT NUMBERS THAT BEGIN WITH AN '**' ARE ADJUDICATION CLAIMS)

WR-NUMBER	SOURCE	NE				NW				SW				SE				SUM
		Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	
A2707084	T03S R35E S 1 GROUNDWATER																	
	:																	76
A0100001J	SNAKE RIVE :				40													04 : 62
A0100047E	SNAKE RIVE :			02-38				01 : 03-39	04-39	40	33 :	40	40	40	40 :			350
A0100048	SNAKE RIVE :			02-38				01 : 03-39	04-39	40	33 :	40	40	40	40 :			350
A0100298	SNAKE RIVE :				40						18 :							04 : 62
A0100304	SNAKE RIVE :			02-38				01 : 03-39	04-39	40	33 :	40	40	40	40 :			350
A2700022D	BLACKFOOT :			08						01	10 :					32	15	35 : 101
A2700035D	BLACKFOOT :			08						01	10 :					32	15	35 : 101
A2704155	GROUNDWATE :																12	39 : 51
A2710545	BLACKFOOT :		40															40
A2707084	T03S R35E S 2 GROUNDWATER																	
	:									14				34 :	39	36	39	39 : 201
A0100001J	SNAKE RIVE :				40													40
A0100047E	SNAKE RIVE :			01-39	02-39	37	40 :	03-36	04-37	20	28 :	40	39	40	40 :	40	40	40 : 595
A0100048	SNAKE RIVE :			01-39	02-39	37	40 :	03-36	04-37	20	28 :	40	39	40	40 :	40	40	40 : 595
A0100298	SNAKE RIVE :				40													40
A0100304	SNAKE RIVE :			01-39	02-39	37	40 :	03-36	04-37	20	28 :	40	39	40	40 :	40	40	40 : 595
A2707047	GROUNDWATE :									16	05 :							21
A2711188	GROUNDWATE :											14	03	03	34 :	39	36	39 : 207

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NOV 13 1996



State of Idaho
DEPARTMENT OF HEALTH AND WELFARE
Division of Community Rehabilitation
State Hospital South

P.O. Box 400
Blackfoot, Idaho 83221-0400
(208) 785-1200

RICHARD P. DONOVAN
Director
JOSEPH R. BRUNSON, ACSW
Administrator
STEPHEN C. WEEG
Administrative Director

July 23, 1992

RECEIVED

JUL 24 1992

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

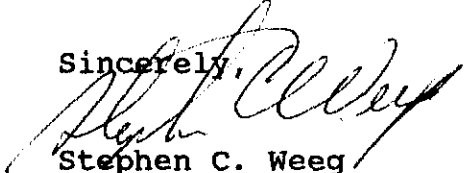
Office of the Attorney General
Health & Welfare Division

RE: SRBA Claim to A27-07084

Dear Mr. Carlson:

Please be advised that State Hospital South wishes to withdraw its claim to Water Right A27-07084. This claim is duplicated by the claim filed by the Attorney General's office for State Hospital South.

Sincerely,


Stephen C. Weeg
Administrative Director

MS
SCW:vr



Printed on Recycled Paper

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NOV 13 1996

INTER-AGENCY BILL

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

AUDITOR USE

Document No.

Pre Audit

Date

JUL 6 1989

FOR AGENCY USE

1170	
Delivery Date	Billing Date
	6/21/89
Agency Code	
193002	

TO: (Paying Agency)

Health and Welfare
Community Rehabilitation
Statehouse Mail

FROM: (Billing Agency)

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)				32700

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 10 162	9337	64 90	327 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	73	33	342	3821	81	11			327	00	/
						TOTAL		100% =		327	00	ENCUMBRANCE

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)

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JUL 13 1989



State of Idaho

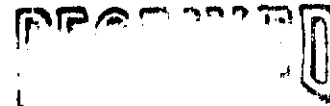
DEPARTMENT OF HEALTH AND WELFARE

State Hospital South

WILLIAM M. BONNES
Administrative Director

P.O. Box 400
Blackfoot, Idaho 83221
(208) 785-1200

May 26, 1989



Mr. Paul Meyer
Senior Water Rights Agent
Adjudication Bureau
Department of Water Resources
150 Shoup Avenue, Suite 15
Idaho Falls, Idaho 83401

Department of Water Resources
Eastern District Office

SUBJECT: Filing Notice Of Claim

Dear Mr. Meyer:

Please find attached a Notice Of Claim to a water right for State Hospital South land leased to Mr. Dick Wasia, Wasia Farms, 54 North, 50 East, Blackfoot, Idaho 83221. A filing fee in the amount of \$50.00 is also attached.

This fee has been determined pursuant to instructions set forth by your agency: i.e., "Irrigation use (one fee irrespective of number of claims): \$1.00 per acre." The \$1.00 per acre fee was paid by the Corbett Slough Ditch Company of Blackfoot, Idaho. The remainder of the dollar amount of the enclosed check is to be applied to the enclosed Application for Permit.

If you have any questions on this matter, please contact Mr. Wasia at 208/785-1921.

Sincerely,

Dennis Larsen, Director
Maintenance and Operations

DL:drs

cc: Mr. Dick Wasia

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NOV 12 1992



A27-07084
AUDITOR USE

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

EXPENDITURE VOUCHER

STATE OF IDAHO
Office of State Auditor

AGENCY USE

Date
5-15-89
Code
136001

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

AGENCY NAME: DHW/Community Rehabilitation
10th Floor Towers 334-5531

Document No.	
Pre-Audit	Date
Warrant No.	

CHECK ONE:

(XXX) MISCELLANEOUS EXPENDITURE

() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
ENCUMBRANCE REQUISITION

PAY
TO

DEPARTMENT OF WATER RESOURCES
1301 North Orchard
Statehouse Mail
Boise ID 83720

RECEIVED
MAY 16 1989

PAYMENT: () PARTIAL () FINAL

End of State Fiscal Year

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	73 33 342	3821	81	11	Court filing fees in connection with Snake River Basin Water Right Adjudication Act SHS/Irrigation \$ 50.00 filing fee \$277.00 variable irrig \$327.00	327.00	1
APPROVED: <i>Jerry L. Harris</i> Jerry L. Harris, Administrator						TOTAL	327.00

NOTE: Final payment must be accompanied by a receiving copy

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 are correct; that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is sought 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.

MICROFILMED
NOV 13 1996

Date

Head of Agency or Institution

State Auditor