



STATE OF IDAHO

A21-11971

DEPARTMENT OF HEALTH AND WELFARE YOUTH SERVICES CENTER

Box 40
St. Anthony, Idaho 83445

[208] 624-3462

Kurt C. Friedenauer
Administrative Director

January 27, 1989

RECEIVED

JAN 30 1989

OFFICE OF THE ATTORNEY GENERAL
HEALTH & WELFARE DIVISION

Michael Stoy, Deputy Attorney General
Health and Welfare Division
450 W. State, 10th Floor
Boise, ID 83720

RE: Snake River Adjudication

Dear Mr. Stoy:

We have two wells located on the YSC campus in the NW 1/4 of the NW 1/4 of NW 1/4 of Section 2, Township 7 N., Range 40 E. B.M., County of Fremont, as shown on the map enclosed.

The irrigation well was drilled in 1909 and is approximately 50 feet deep. We use this well to irrigate 40 acres, less the space for buildings, roadways, and canals of lawn. We pump water 20 hours a day during the period from April 15 through October 1. We use about 600,000 gallons of water per day.

The culinary well was drilled in 1956 and is 250 feet deep, with the submersible pump located at 210 feet. It has the capability to pump approximately 225 gallons per minute. It operates approximately six hours per day (maximum) to provide about 81,000 gallons of potable water on a daily basis.

The Last Chance and St. Anthony Canal Company's secretary is already in the process of filing the water rights for the rest of the farm. At this time, I have not received any information from Robert Fisher, secretary for both canal companies. We have given him the information he asked for

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Michael Stoy
Page 2
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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
Has paid for 40 acres of well water irrigation
through St. A's charge
We only need pay General Fee.

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State Hospital North 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 uses. claimed 8 AF/Ann. should be 100
Fee \$90

Docket sheet subscription \$750

A. State school and 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 \$140.00

A 94-04162 received 11/23/88 approved extension Beneficial Use Not Data Ent.
No receipt

Need Fee \$54.00

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

Need. Consumptive use Inv. of 277 Ac x 3.0 AF/Ac = 831 AF/Ann.
See 1 Average discrepancy down 30 in NE SW? should be NW SW
Fee \$327.00

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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 Dine to storage, Recreation storage season
8. consumptive use.

St Anthony A21-11971
Domestic use ST Anthony 2/3/89.
Need fee \$62⁰⁰

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

Need May to Sept.

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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	81 11		① 169 00	1 st 25 ⁰⁰ , 90 ⁰⁰ , 54 ⁰⁰
	2	75 31 260	3821	81 11		② 140 00	1 st
	3	75 31 100	3821	81 11		③ 51 00	1 st
	4	36 34 202	3821	81 21		④ 112 00	1 st 50 ⁰⁰ , 62 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)

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

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FOR AGENCY USE

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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	1 \$25.00 \$90.00
	2	75	31	260	3821	81 11		② 140 00	1 -
	3	75	31	100	~~3821~~	81 11		③ 51 00	1 -
	4	36	34	202	~~3821~~	81 21		④ 112 00	1 \$50.00 \$62.00
TOTAL						100%=		472 00	0

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)

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

EXPENDITURE VOUCHER

21 No water right A 21-11971

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.

AGENCY NAME: HEALTH & WELFARE
YOUTH SERVICES CENTER

Document No.	
Pre-Audit	Date
Warrant No.	

PAY TO
WATER RESOURCES
1301 N. ORCHARD
STATEHOUSE MAIL

CHECK ONE:

(XX) MISCELLANEOUS EXPENDITURE

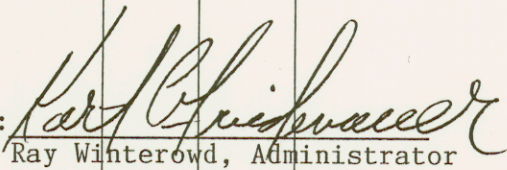
() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
ENCUMBRANCE REQUISITION

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 Culinary Well	62.00	1
Approved:  Ray Winterowd, Administrator Div. of Family & Children's Svcs.							
						TOTAL 62.00	MICROFILMED NOV 06 2000

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.

Date

Head of Agency or Institution

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.

State Auditor