

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: **A65-07769**

Date Received: 5-17-89

Receipt No: X999999

Received By: _____

RECEIVED

MAY 17 1989

No ✓ enc.
Department of Water Resources
Western Regional Office

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CITY OF HORSESHOE BEND
Address: CITY HALL
HORSESHOE BEND, ID 83629

2. Date of Priority: NOV 23, 1976

3. Source: PAYETTE RIVER Trib. to: SNAKE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
07N	02E	35	NW	NW	NW		BOISE

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	2.220		

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

A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
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11. Place of use in counties:

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

A65-07769

Page 1

Date: 04/03/89

MICROFILMED

SEP 23 1992

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10. Place of Use:

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----------	-------	---------	--------	-----	-----	-----	-------

11. Place of use in counties:

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

13. Other Water Rights Used:

14. Remarks:

P/U WITHIN THE CITY LIMITS OF HORSESHOE BEND.

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 xx 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 Horseshoe Bend _____, that I have signed the foregoing
Organization

document in the space below as Mayor _____ of
Title

City of Horseshoe Bend _____ and that the statements contained in the
Organization

foregoing document are true and correct.

Doyle Woods
Signature of Authorized Agent

Mayor, City of Horseshoe Bend
Title and Organization

May 15, 1989
Date

State of Idaho)
County of Boise) SS.

Subscribed and sworn (or affirmed) before me this 15 day

of May 19 89

June E. Brown
Notary Public

Seal

Residing at Harshman Bend

My Commission Expires 3-24-94

1/30/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

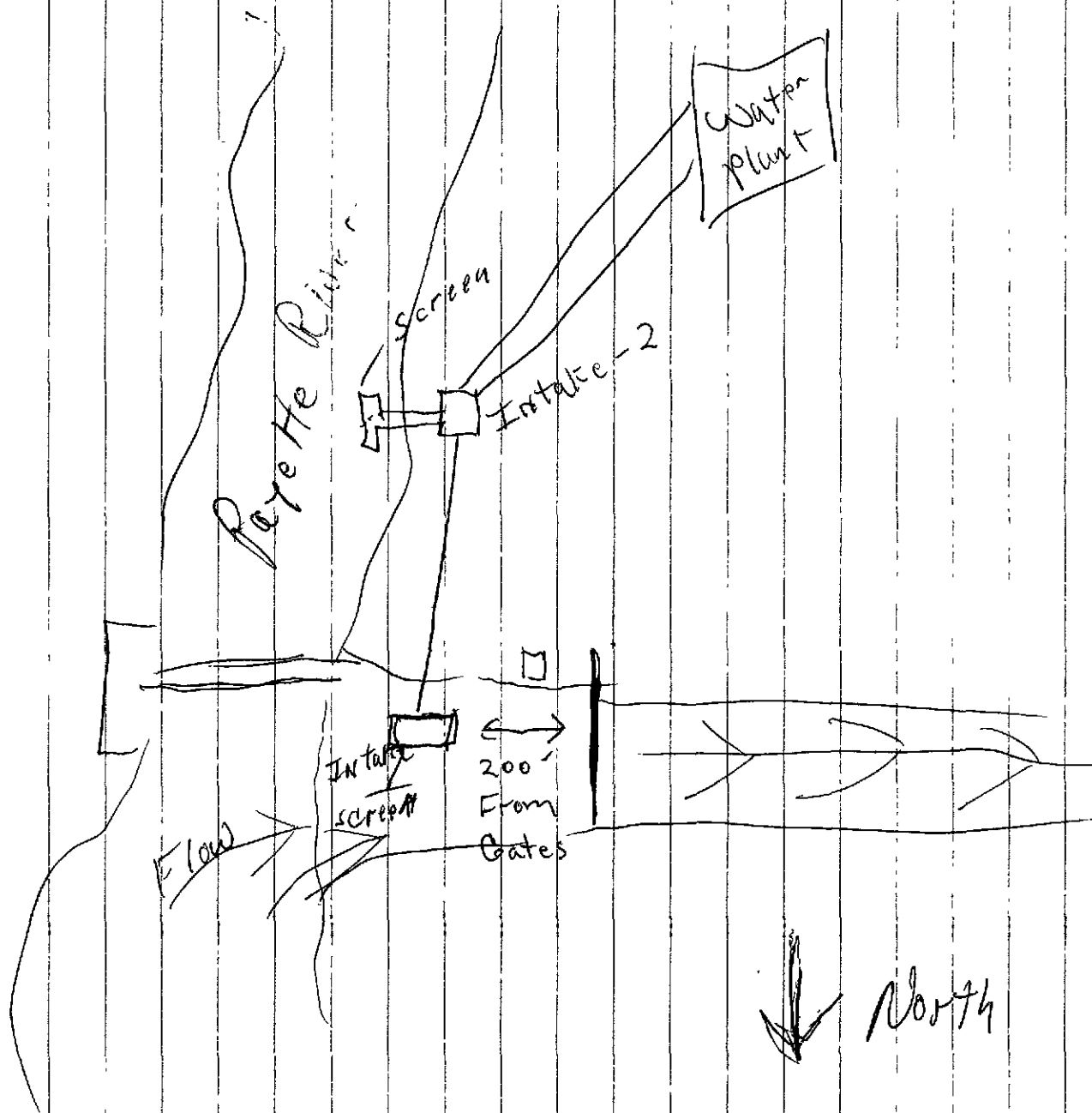
CLAIMANT'S NAME City of Horserhoe Bend CLAIM IDENT. NO. AL65-07769DATE RECEIVED 5-17-89 CK # Exempt AMOUNT \$

- | | YES | NO | Required Info? |
|--|-------------------------------------|-------------------------------------|----------------|
| 1. Is the name and address complete with zip code? | ☒ | ☐ | * |
| 2. Is a priority date entered? | ☒ | ☐ | * |
| Is the priority date acceptable in view of mandatory filing dates? | ☒ | ☐ | * |
| See Adjudication Memos #1 and #4 to determine if a Permit is required. | ☒ | ☐ | |
| 3. (a) Is a source entered? | ☒ | ☐ | * |
| (b) Is a tributary to entered? (if required) | ☒ | ☐ | |
| 4. Is the legal description of the p.d. sufficient? | ☒ | ☐ | * |
| 5. Is there a description of the diverting works? | ☐ | ☒ | |
| 6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. | ☒ | ☐ | * |
| Is the period of use included? | ☒ | ☐ | |
| Is a quantity claimed for each use? | ☒ | ☐ | * |
| 7. Is a total quantity claimed entered? | ☒ | ☐ | |
| 8. If required is a consumptive use entered? | ☒ | ☐ | |
| Is the consumptive use correct? | ☒ | ☐ | |
| 9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. | ☐ | ☒ | * |
| 10. Is (are) the place(s) of use and purpose(s) indicated? | ☐ | ☒ | * |
| 11. Is (are) the county(ies) entered? | ☒ | ☐ | |
| 12. Is the ownership of p.u. checked? | ☒ | ☐ | |
| 13. Are other water rights listed or "none" indicated? | ☐ | ☒ | |
| 14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) | ☒ | ☐ | |
| 15. Is the basis of the claim indicated? | ☒ | ☐ | |
| 16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) | ☒ | ☐ | |
| 17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. | ☒ | ☐ | * |
| 18. Has the claim been signed, sealed, and dated by a notary? | ☒ | ☐ | * |
| 19. Was this claim filed on time, or was an extension granted? | ☒ | ☐ | * |
| 20. Is the fee enclosed correct? | ☒ | ☐ | * |
| 21. If this claim is based on an existing water right, has the identification number been entered? | ☒ | ☐ | |
| 22. Should this claim be receipted and data entered? | ☒ | ☐ | |

Claim checked by: JS Date: Claim must be returned to claimant: (Yes) ☒ (No)Claimant must be notified of modifications: (Yes) ☒ (No)
 Receipt Prepared by: Date:
 Claim data entered by: Date: Checked by: Date:
 Sent to claimant by: Date:
Comments:

MICROFILMED

SEP 23 1992



AJ0749NP
No. R65-07769

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 06/21/00
PAGE: 1

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=====
OWNER          PRIORITY    USE PERIOD    DIVERSION    DIVERSION
CODE          NAME & ADDRESS    DATE          WATER USE    FROM    TO    RATE    VOLUME
-----
C  CITY OF HORSESHOE BEND    11/23/1976    MUNICIPAL    01-01    12-31    2.220 CFS
  CITY HALL
  HORSESHOE BEND ID 83629
                                     TOTAL DIVERSION:    2.220 CFS
=====
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Water Source: PAYETTE RIVER

Tributary to: SNAKE RIVER

Stage: LICENSE

Point(s) of Diversion: T07N R02E S35 NWNW

BOISE County

POU County:

Remarks: POU1 PLACE OF USE WITHIN THE CITY LIMITS OF HORSESHOE BEND.

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: 65 Field Inspection Flag:
Presumption Flag:

WR5809NP
No. 65-07769

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT

DATE: 06/10/00
PAGE: 50

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	CITY OF HORSESHOE BEND CITY HALL HORSESHOE BEND ID 83629	11/23/1976	MUNICIPAL	01/01 12/31	2.220 CFS	
TOTAL DIVERSION:					2.220 CFS	

Water Source: PAYETTE RIVER

Tributary to: SNAKE RIVER

Stage: LICENSE

Point(s) of Diversion:

T07N R02E S35

NWNW

BOISE County

Pou County:

Remarks: ²⁰⁰¹ ~~GEN~~ P/U WITHIN THE CITY LIMITS OF HORSESHOE BEND.

Dates:	App. Received:	Priority Date:	11/23/1976
	Proof Due Date:	Proof Made Date:	
	Exam Made Date:	Exam Sent to S.O.:	
	Licensed Date:	05/24/1983	

Misc: Water District Number: 65 Field Exam Fee:

CITY OF HORSESHOE BEND



**PHIL TSCHIDA
PUBLIC WORKS
WATER/WASTEWATER OPERATOR**

**P.O. BOX 246
HORSESHOE BEND, IDAHO
83629**

(208)793-3175

FAX (208)793-2403

SHOWS NAKK
2.35, 7N 2E
~~COULD~~ BE LOCATION
IN SW SW Q. 26
CHECK IN PHOTOS
FOR LOCATION OF
DAM. MAY BE
ON LINE

**NOTICE OF ERROR
REPLY**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: April 13, 2001

Water right number: 65-7769

CITY OF HORSESHOE BEND

CITY HALL

HORSESHOE BEND ID 83629

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

 I AGREE with this proposed recommendation: no changes need to be made.

DATE: 4-3-01 SIGNATURE: Phil Tschida
Please print your name: Phil Tschida

IDWR Regional Office, 2735 Airport Way, Boise, ID 83705, (208) 334-2190

**NOTICE OF ERROR
REPLY**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: April 13, 2001

Water right number: 65-7040

CITY OF HORSESHOE BEND

CITY HALL

HORSESHOE BEND ID 83629

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

____ I AGREE with this proposed recommendation: no changes need to be made.

DATE:

4-3-01

SIGNATURE:

Phil Tschida

Please print your name:

Phil Tschida

IDWR Regional Office, 2735 Airport Way, Boise, ID 83705, (208) 334-2190