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Documents

In File

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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: A65-12099
Date Received: 4/18/1990
Receipt No: C016371
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CITY OF FRUITLAND
Address: P.O. BOX 324
FRUITLAND, ID 83619

2. Date of Priority: FEB 23, 1978

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
08N	05W	22	SW	NE			PAYETTE

5. Description of diverting works:
WELLS, PUMPS, PIPELINE & TANK.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	0.400		

7. Total Quantity Appropriated is:
0.400 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	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

13. Other Water Rights Used:

14. Remarks:

P/U WITHIN CITY LIMITS OF FRUITLAND.
REINSTATED 6-14-1979.

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 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: _____

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 _____

AJ0749NP
No. R65-12099

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

DATE: 06/05/00
PAGE: 1

=====

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	CITY OF FRUITLAND PO BOX 324 FRUITLAND ID 83619	02/23/1978	MUNICIPAL	01-01 12-31	0.400 CFS	
TOTAL DIVERSION:					0.400 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion: T08N R05W S22 SWNE

PAYETTE County

POU County:

Other Rights: 65-02783, 65-07049, 65-07611, 65-12370, 65-12710 & 65-12766.

Remarks: POU PLACE OF USE IS WITHIN CITY LIMITS OF FRUITLAND.

Dates: Exam Made Date: Verified Date: 06/05/2000 Objection Filed Date:

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

C 18

C-C-00

Ron Howerton
S- Water Agent

AJ5809NP
No. A65-12099

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 06/05/00
PAGE: 4

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	CITY OF FRUITLAND PO BOX 324 FRUITLAND ID 83619	02/23/1978	MUNICIPAL	01-01 12-31	0.400 CFS	
TOTAL DIVERSION:					0.400 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion:

T08N R05W S22

SWNE

PAYETTE County

POU County:

Remarks: GEN P/U WITHIN CITY LIMITS OF FRUITLAND.

REINSTATED 6-14-1979.

DELETE

Pow/J03

Dates: Exam Made Date:

Verified Date: 05/06/1985

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:

Presumption Flag:

WR5809NP
No. 65-12099

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT

DATE: 06/05/00
PAGE: 4

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TOTAL DIVERSION:					0.400 CFS	

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion:

T08N R05W S22

SWNE

PAYETTE County

Pou County:

Remarks: GEN P/U WITHIN CITY LIMITS OF FRUITLAND.
REINSTATED 6-14-1979.

Dates:	App. Received:	Priority Date:	02/23/1978
	Proof Due Date: 05/01/1979	Proof Made Date:	01/01/1900
	Exam Made Date:	Exam Sent to S.O.:	
	Licensed Date: 04/19/1982		

Misc: Water District Number: Field Exam Fee:

Audit: 05/06/85 04/30/88 CONVERT

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO
Office of State Auditor

AGENCY USE

5179
Date
05/18/90
Code
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	

CHECK ONE:

PAY
TOCITY OF FRUITLAND
CITY HALL
FRUITLAND, ID 83619

() 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	04 10 162	9337	8831		REFUNDS PER D. SHAFF WR#A65-12099/A65-12766 WR#A65-12370/A65-12710 5/15/90 18.00	18.00	
TOTAL						18.00	

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 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

MICROFILMED

Date

Head of Agency or Person

State Auditor

SEP 24 1992

TO: Debbie Allen

FROM: D. Shaff *DS*

DATE: 05-15-90

RE: Receipt C016371 Refund

Please process a refund of \$18.⁰⁰

to:

City of Fruitland
> City Hall
Fruitland, ID 83619

(overpmt.)

A65-12099, A65-12766,
A65-12370 + A65-12710

MICROFILMED

SEP 24 1992

C016371

04/18/90
13:50:32

FRUITLAND, CITY OF

ADJUDICATION FEES

0410162 9337 6490

\$375.00

\$375.00

CHECK 10596

Idaho Department of Water Resources

Region: STATE

Signature: _____

MICROFILMED
SEP 24 1992

RECEIVED

INTER-DEPARTMENT MEMO — 1

FROM Deber

MAY 15 1990

DATE 5-14-90

TO Don / Sally

Department of Water Resources

SUBJECT Request for Refund, Receipt No. C016371

Above referenced receipt is for several claims which required fee; several fee-exempt claims were also filed. The correct fees are as follows:

4 cfs	A05-12099 - \$90 ⁰⁰
44 cfs	A05-12706 - \$94 ⁰⁰
38 cfs	A05-12370 - \$88 ⁰⁰
35 cfs	A05-12710 - \$85 ⁰⁰
	<u>\$357.</u>

They paid \$375⁰⁰ on Receipt C016371. Need refund of \$18⁰⁰

Uses ? Municipal
CFS ? see above

Approved 5-17-90
Data Entry NA
Region File

MICROFILMED

SEP 24 1992

SIGNATURE

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
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Department of Water Resources

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REINSTATED 6-14-1979.

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 _____ Mayor _____ Title _____ of _____ City of Fruitland _____, that I have signed the foregoing _____ Organization _____ document in the space below as _____ Mayor _____ Title _____ of _____ City of Fruitland _____ and that the statements contained in the _____ Organization _____ foregoing document are true and correct.

Joseph P. Wilson
Signature of Authorized Agent

Mayor, City of Fruitland
Title and Organization

4-17-90
Date

State of Idaho)
County of Payette) SS.

Subscribed and sworn (or affirmed) before me this 17th day
of April 19 90

Rick S. Walker
Notary Public

Seal

Residing at Fruitland

My Commission Expires 4-10-94
Date: 02/16/90

A65-12099

Page

2

MICROFILMED

SEP 24 1992

4/5/1989

SRWA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME City of FruitlandCLAIM IDENT. NO. AG5-112099DATE RECEIVED 4-18-90CK # 0016371AMOUNT \$ applied 70

YES NO Required Info?

1. Is the name and address complete with zip code? ☒ YES ☐ NO *
2. Is a priority date entered? ☒ YES ☐ NO *
- Is the priority date acceptable in view of mandatory filing dates? ☒ YES ☐ NO *
- See Adjudication Memos #1 and #4 to determine if a permit is required. ☒ YES ☐ NO *
3. (a) Is a source entered? ☒ YES ☐ NO *
- (b) Is a tributary to entered? (if required) ☒ YES ☐ NO N/A ☒ YES ☐ NO *
4. Is the legal description of the p.d. sufficient? ☒ YES ☐ NO *
5. Is there a description of the diverting works? ☒ YES ☐ NO *
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. ☒ YES ☐ NO *
- Is the period of use included? ☒ YES ☐ NO *
- Is a quantity claimed for each use? ☒ YES ☐ NO *
7. Is a total quantity claimed entered? ☒ YES ☐ NO *
8. If required is a consumptive use entered? ☒ YES ☐ NO N/A ☒ YES ☐ NO *
- Is the consumptive use correct? ☒ YES ☐ NO N/A ☒ YES ☐ NO *
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. ☒ YES ☐ NO N/A ☒ YES ☐ NO *
10. Is (are) the place(s) of use and purpose(s) indicated? ☒ YES ☐ NO *
11. Is (are) the county(ies) entered? ☒ YES ☐ NO *
12. Is the ownership of p.u. checked? ☒ YES ☐ NO *
13. Are other water rights listed or "none" indicated? ☒ YES ☐ NO *
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.) ☒ YES ☐ NO N/A ☒ YES ☐ NO *
15. Is the basis of the claim indicated? ☒ YES ☐ NO *
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) ☒ YES ☐ NO N/A ☒ YES ☐ NO *
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☒ YES ☐ NO *
18. Has the claim been signed, sealed, and dated by a notary? ☒ YES ☐ NO *
19. Was this claim filed on time, or was an extension granted? ☒ YES ☐ NO *
20. Is the fee enclosed correct? ☒ YES ☐ NO Exempt ☒ YES ☐ NO *
21. If this claim is based on an existing water right, has the identification number been entered? ☒ YES ☐ NO N/A ☒ YES ☐ NO *
22. Should this claim be data entered? ☒ YES ☐ NO *

Claim checked by: RQTDate: 5-14-90

Claim must be returned to claimant:

(Yes) ☒ (No) ☐

Claimant must be notified of modifications:

(Yes) ☒ (No) ☐

Receipt Prepared by:

Claim data entered by:

Sent to claimant by:

Date:

Date:

Date:

Checked by:

Date:

Comments: Request for Refund - 5/14/90

MICROFILMED

SEP 24 1992