

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 27-11987
Date Received _____
Receipt Number _____

**NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW**

RECEIVED

JAN 20 2004

Department of Water Resources
Eastern Region

Please type or print clearly

State of Idaho
Department of Health & Welfare
State Hospital South

1. Name of Claimant (s) _____ Phone (208) 785-1200

Mailing Address PO Box 400, Blackfoot, ID Zip 83221

2. Date of Priority (Only one (1) per claim) April 1, 1899

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

4. a. Location of existing point of diversion is: Township 3S Range 35E Section 2,
NE 1/4 of SW 1/4 of SW 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. Facts about the existing well:

Depth: 868 ft.

Pump Bowl Assemble: Set at 160 ft.

Casing: 12 inch O.D. 60 lbs/ft

Pump: 50 hp Johnson Model 10CC 6-Stage

Drilled: 1957

This well replaced previous well(s) drilled (or extended) at the same approximate location
beginning in 1887. An electric pump was first installed on the initial well in 1899,
providing greater and dependable water supply for facility operations.

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 4-1 to 11-1 amount 0.44 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.44 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 88 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:

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

b. 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	
3S	35E	2										3	16	1.8			1.2		22

Total number of acres irrigated 22

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.
Rights for irrigation are also held in the Corbett Slough Ditch Company or None ()

14. Remarks:

Attached for reference is a letter from Cindy E. Bird, Adjudication Bureau, to
Dennis Larsen, State Hospital South, regarding this claim.

Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

Scale: 2 inches equals 1 mile

Section 2

Section 1

Point of Diversion

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number _____
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 Administrative Director

Title

of State Hospital South, that I have signed the foregoing

Organization

document in the space below as Administrative Director of State Hospital South

Title

Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Raymond J. Lubi

Title and Organization Administrative Director

Date 1/15/2004

State of Idaho/or Idaho)
County of Bingham) SS.

Subscribed and sworn (or affirmed) before me this 15th day of January 192004

Notary Public Vicki Peterson

Residing at Blackfoot

My Commission Expires 1/11/2005

Please Print Name

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 _____

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant