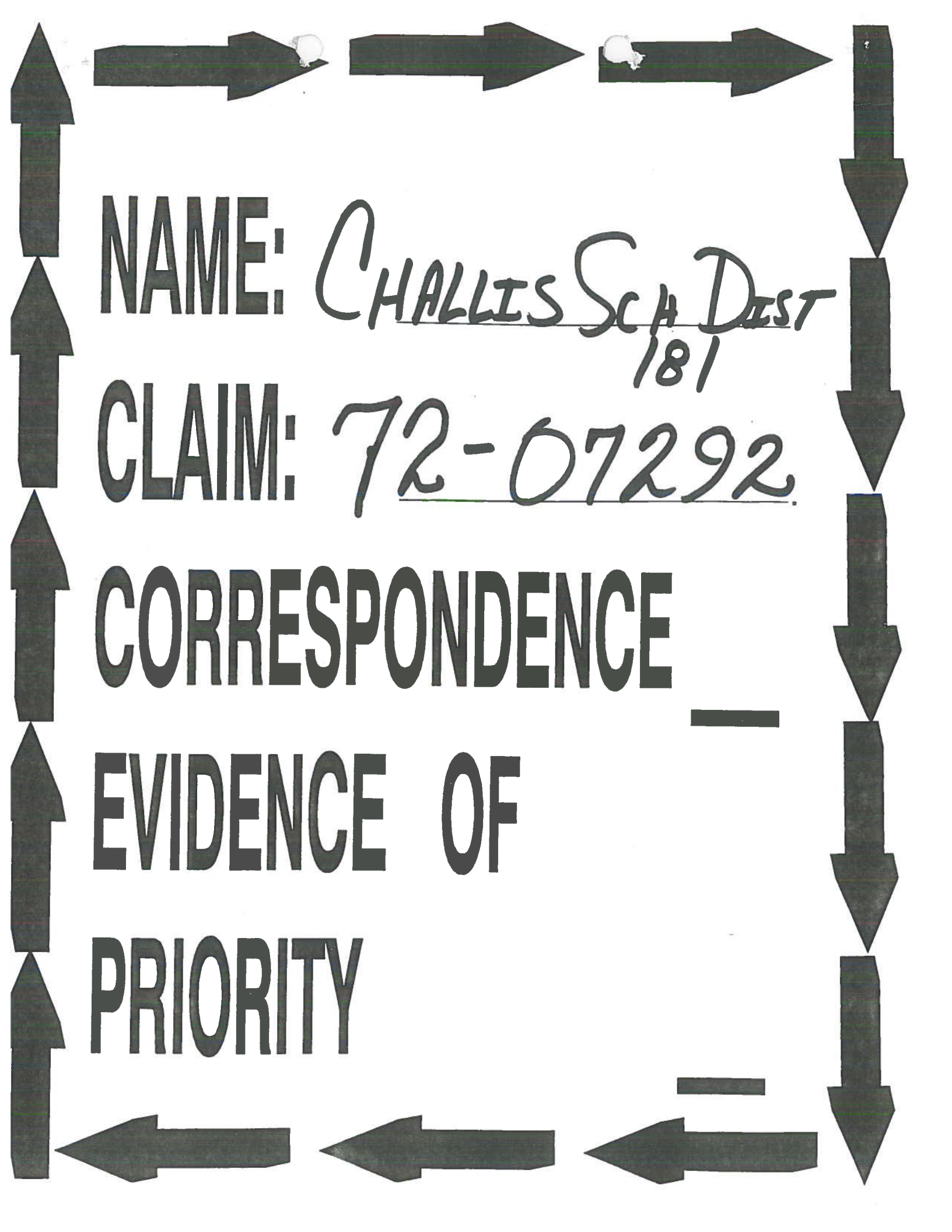




NAME: CHALLIS SCA DIST
181

CLAIM: 72-07292

CORRESPONDENCE

EVIDENCE OF

PRIORITY

\$ 52

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: A72-07292
Date Received: 12/04/1989
Receipt No: 5010723
Received By: SCC AD

RECEIVED

DEC 10 1989

Department of Water Resources
Southern Region Office

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CHALLIS JOINT SCHOOL DIST. NO. 181 208-879-4231
Address: P.O. BOX 304
CHALLIS, ID 83226

2. Date of Priority: JUN 29, 1983

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
14N	19E	28	SW	SW			CUSTER

5. Description of diverting works:
WELL, PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	08/15	05/30	0.020		

7. Total Quantity Appropriated is:
0.020 C.F.S. (and/or) 5.00 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/CHALLIS ELEMENTARY SCHOOL.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
14N	19E	28	SW	SW		DOMEST	

11. Place of use in counties: CUSTER

MICROFILMED
MAR 18 1993

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

13. Other Water Rights Used:
NONE

14. Remarks:

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

For Organizations:

I do solemnly swear or affirm that I am _____ Superintendent _____ of _____ Title _____ of Challis Joint School District #181 _____, that I have signed the foregoing Organization document in the space below as _____ Superintendent _____ of Title _____ of Challis Joint School District #181 _____ and that the statements contained in the Organization foregoing document are true and correct.

Robert L. Linslee
Signature of Authorized Agent

Superintendent Sch. Dist. 181
Title and Organization

12/15/89
Date

State of Idaho)
County of Custer) SS.

Subscribed and sworn (or affirmed) before me this 15th day
of Dec 19 89

James D. Smith
Notary Public

Seal

Residing at Challis Idaho

My Commission Expires 1-13-93
Date: 12/04/89



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

Dec. 22, 1989

Re: A71-07028
A73-04094
A72-07384
A72-07292

CHALLIS JOINT SCHOOL DIST NO 181
P.O BOX 304
CHALLIS ID 83226

Dear Claimant(s):

Please find enclosed your receipt and a copy of a computer generated claim based on the information from your original claim(s) which has been entered in our computer records.

Please review the computer generated claim for accuracy. In a few instances clarifications may have been added by the Department at the time of data entry. If you have any questions or objections regarding the computer record of your claim(s), please contact this office.

Yours truly,

A handwritten signature in cursive script, likely belonging to Judy Givens.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 18 1993

RIGHT NUMBER: 72-07292

NAME AND ADDRESS: CHALLIS JOINT SCHOOL DIST NO 181
PO BOX 304
CHALLIS ID 83226

SOURCE: GROUNDWATER

QUANTITY: 0.02 CFS
310 AFY

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

NOTE

PRIORITY DATE: 06/29/1983

POINT OF DIVERSION: T14N R19E S28 SWSW Within CUSTER County

PURPOSE AND PERIOD OF USE: DOMESTIC CHALLIS ELEMENTARY SCHOOL 08-15 05-30 QUANTITY 0.02 CFS

PLACE OF USE: DOMESTIC T14N R19E S28 SWSW Within CUSTER County

OTHER MATTERS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - LICENSE

107

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 04/17/97
PAGE: 16

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	CHALLIS JOINT SCHOOL DIST NO 181 PO BOX 304 CHALLIS ID 83226 (208) 879-4231	06/29/1983	DOMESTIC	08-15 05-30	0.02 CFS	
				TOTAL DIVERSION:	0.02 CFS	

Tributary to:

Point(s) of Diversion:

T14N R19E S28

MSMS

Stage: LICENSE
CUSTER County

Place of use Legal Description for: DOMESTIC

三

	NENE	NWNE	SWNE	SENE
T	R	S	: Lt	Ac Lt Ac Lt Ac

MS

W	SENW	:	NESW	NWSW	SWSW	SESW
c	Lt AC	:	Lt AC	Lt AC	Lt AC	Lt AC

ES

```

:      NESE      NWSE      SESE
:      Lt AC      Lt AC      Lt AC
:      - - - - - - - - - -
:
:
:

```

14N 19E 28

POW County: CUSTER

Non-Irrigation Uses: DOMESTIC, CHALLIS ELEMENTARY SCHOOL.

Other Rights: NONE

Conditions of Approval:

of App. 2011.

N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.

N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY. ✓

Dates: _____ **Exam Made Date:** _____

Dates: Exam Made Date:

Misc: Water District Number:

Verified Date: 10/

Field Inspection Flag:
Presumption Flag:

Objection Filed Date:

Audit:	03/02/92	BAUMHOFF	10/28/93	CHRISTEN	03/30/95	POST-STD	01/14/97	D&S-DSHA
--------	----------	----------	----------	----------	----------	----------	----------	----------

R PROOF

CVR

MAPS

PHOTOS

MISC



start
form



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NOV 01 1994

Water Right Number - R72-07292

Prefix Translation:

RESEARCH

Old (D) Number -

*** C - CURRENT OWNER ***
SCHOOL DIST NO 181

CHALLIS JOINT

1 - PO BOX 304
2 -
3 -
City- CHALLIS
Phone - 208-879-4231

State- ID Zip- 83226

Priority Date - 06/29/1983

Region - 17 SOUTHERN

Stage - L - LICENSE

Status -

Source - GROUNDWATER

Tributary -

Twn Rng Sec Tract Lot Rflg County Point of Diversion

14N 19E 28 SW SW (37) CUSTER

Code Description Period From Period To Water Use Diversion Rate Diversion Volume

43 - DOMESTIC

08/15 05/30

0.020

Total Div. Rate - 0.020 + Total Div. Volume - + Total Consumptive Use - + KW Usage - +

Twn	Rng	Sec	Tract	Lot	Acres	Code	Description	County
14N	19E	28	SW SW			43	DOMESTIC	(37) CUSTER

Total Acres:

- - - Diversion Means - WELL, PUMP

- - - Non-Irrigation Use - DOMESTIC, CHALLIS ELEMENTARY SCHOOL.

- - - Other Rights for Same Use - NONE

- - - Remarks - No Remarks found.

- - - Old Water Right Numbers Found

- - - Conditions of Approval - No Conditions of Approval found.

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VERIFIED BY KHC

Prefix Translation: RESEARCH

+ - Decree Date - +
00/00/0000

+ - - - - - Comments - - - - - +

[illegible]

Court Report Filing	- 00/00/0000	Field Inspection Made	- 00/00/0000	Civil Case Number	- 39576
Objection Filed Date	- 00/00/0000	Field Inspection Flag	-	Old Case Number	-
Response Filed Date	- 00/00/0000	Verified Date	- 10/28/1993	Old Judicial District	-
Claim Received Date	- 12/19/1989	Last Amended Date	- 00/00/0000	Temporary Right	- P

POU Ownership Flag	- Y	Federal/State Indicator	- S
Name Connector	-	Presumption Flag	-
		Notice of Error Flag	-

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CLAIM NO. A72-07292

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
CLAIM VERIFICATION EXAM SHEET

(use in place of the CVR for small Domestic/Stock exams)

1. ☒ No Change **NAME**
NEW OWNER: _____
☐ No Change **ADDRESS**
NEW ADDRESS: _____
2. ☒ No Change - **DATE OF PRIORITY:** Completed - No Field Verification Needed.
☐ Incomplete - Claim shows no priority date, claimant should be asked during the exam when was water first used.
Priority date, per claimant, is _____.
(if the priority date, based on your exam, seems questionable, explain in remarks.)
3. ☒ No Change - **SOURCE**
Source is different than that claimed:
Source found: _____
4. ☒ No Change - **POINT OF DIVERSION**
Point of diversion is different than the claim
New P/D: Twp. _____, Rge. _____, Sec. _____, _____ 1/4 _____ 1/4 _____ 1/4
5. ☒ No Change - **DESCRIPTION OF DIVERTING WORKS**
Incomplete desc., complete items missing, IF KNOWN.
Additional comments in remarks.
HP of pump _____ Pump Ser. # _____ Pumping water level _____
Well depth _____ Motor Ser. # _____ Static water level _____
Casing size _____ Method of irr. _____
6. ☒ No Change - **WATER USES**
Different uses, (list uses found).

Use _____ From _____ To _____ Amount _____ cfs _____ af
Use _____ From _____ To _____ Amount _____ cfs _____ af
7. ☒ No Change - **TOTAL VOLUME**
Incomplete on claim, the total is, -- -- _____ cfs _____ af
Change found, the new total is, -- -- -- _____ cfs _____ af
8. **N/A**
9. ☒ No Change - **NON-IRRIGATION USES:** Completed on claim
☐ Incomplete on claim - Exam found:

Domestic - No. of homes _____ Stockwater - No. of head _____

Other: School use Office

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10. ☒ No Change - PLACE OF USE: (If changed, list below.)
Use Twp. Rge. Sec. 1/4, 1/4,

Remarks: (Comments pertinent to field examination)

*Claim licensed in 1986 based upon
a 1985 field exam (attached)*

*This review is based upon the licensing
field exam.*

ATTACHMENTS:

Attached to
This Form.

Attachments are
in Permit File.

PHOTOS (optional) ☐
MAP ☐
SYSTEM DIAGRAM ☐

☐
☐
☐

☐ Changes found during exam or additional information in the permit
file, see permit file.

DATE EXAM CONDUCTED: _____

FIELD EXAMINER: _____

Signature

Kelly K. Christensen

Reviewed claim
10-28-93

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NOV 01 1994

POOR ORIGINAL

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED

JUN 30 1986

Department of Water Resources

1. Owner: Challis Joint School Dist #181 Permit No. 13-1292
Current Address: _____ Phone No. _____

2 Accompanied by: GARY HENDERSON EXAM. DATE: 7-15-85
Address: _____ Phone No. _____

Relationship to Permit Holder: Per Supercat student Phone No. _____

3 Source: groundwater tributary to _____

Well/Diversion* No.	Motor Make	HP	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
	<i>Per. Tractor</i>	<i>3</i>			

* 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.)
6' Diameter Well, No information available on the motor & pump capacities. New Superintendent did not have of information on Elementary Well. Well is 310' Deep. Supplies only the Kitchen & the Rest Rooms. pump cap. is 450 but 396 Student are Enrolled at this time. This system is only back up system. Never been used.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

7. Measurements ☐ Additional data/computation sheets attached

The School has water from the City. year round
No Irrigation

8. Point(s) of Diversion: Indicate Method of Determination

[illegible]

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

[illegible]

Total Acres

NOV 1 1994

10. Other water rights on these lands _____ no _____
11. Other water right diverted from same p.d. _____
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.

POOR ORIGINAL

A large sheet of graph paper with a grid pattern. A red 'L' shaped mark is visible in the top left corner. The grid consists of small squares, and there are some faint, illegible markings scattered across the page, possibly from a previous document or scanning artifacts.

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 [Signature] Date 12/12/00
- Consultant's License Number _____
- IDWR Director's Authorization to Conduct Beneficial Use Examination _____
- MICROFILMED**

Date _____

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