

Tuthill, Dave

To: sjb@pikelaw.com
Subject: Notice of Error for 63-10048

Stephanie,

The water right license for this water right, issued on 3/24/89, is for 0.39 cfs as shown in the preliminary recommendation. Thus we cannot increase the recommendation to 0.45 cfs.

Also, the water rights for Basin 57 were issued a few years ago -- see decreed rights on our website at <http://www.idwr.idaho.gov/apps/ExtSearch/SearchWRAJ.asp>

Thanks for the reply,

Regards, Dave Tuthill

MOORE SMITH BUXTON & TURCKE, CHARTERED

ATTORNEYS AND COUNSELORS AT LAW
950 W. BANNOCK STREET, SUITE 520; BOISE, ID 83702
TELEPHONE: (208) 331-1800 FAX: (208) 331-1202 www.msbtlaw.com

STEPHANIE J. BONNEY
SUSAN E. BUXTON*
PAUL J. FITZER
MICHAEL C. MOORE†
BRUCE M. SMITH
PAUL A. TURCKE*
CARL J. WITFIRE*
TAMMY A. ZOKAN*

JOHN J. MCFADDEN*†
Of Counsel

* Also admitted in California
* Also admitted in New Mexico
* Also admitted in Oregon
* Also admitted in South Dakota
* Also admitted in Washington

December 6, 2006

David R. Tuthill, Jr.
Administrator, Water Management Division
322 East Front Street
P.O. Box 83720
Boise, ID 83720-0098

RECEIVED

DEC 07 2006

DEPARTMENT OF
WATER RESOURCES

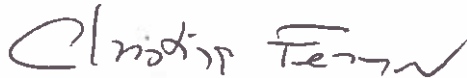
Re: City of Marsing/Notice of Error Reply
Water Right Nos.: 63-10048, 63-9345 and 63-7738

Dear Mr. Tuthill:

We are returning enclosed signed Notices of Error regarding the above-entitled water rights.

Sincerely,

MOORE SMITH BUXTON & TURCKE,
CHARTERED



Christina Fenner
Legal Assistant to Stephanie J. Bonney
City Attorney

/cf
Enclosure

SCANNED
DEC 08 2006

11/21/2006

RECEIVED

DEC 07 2006

DEPARTMENT OF
WATER RESOURCES

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: December 7, 2006

Water right number: 63-10048

CITY OF MARSING

PO BOX 125

MARSING ID 83639

Telephone Number: (208)896-4123

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

Licensed for 0.39 cfs
The license was for 0.45 cfs, not 0.39 cfs.

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

Increase quantity to 0.45 cfs.

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

The claim was submitted as 0.45 cfs.

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

DATE: *12-6-06*

SIGNATURE: *Stephanie J. Bonney*

Please print your name: *STEPHANIE J. BONNEY, City Attorney*

IDWR Regional Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, 2082874800

I would also note we did not receive preliminary recommendations for our Basin 57 claims. I assume we will receive those at a later date. Otherwise, please send the recommendations for those rights if they were inadvertently omitted.

SCANNED

DEC 08 2006

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: A63-10048
Date Received: 12/01/1988
Receipt No: W001915
Received By: DE JAL

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CITY OF MARSING
Address: P.O. BOX 125
MARSING, ID 83639
208-896-4123
2. Date of Priority: MAY 16, 1983
3. Source: GROUNDWATER Trib. to:
4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County
03N 04W 34 SE SE 4 CANYON
5. Description of diverting works:
55' WELL W/SUBMERSIBLE PUMP, STORAGE TANK, MAINLINE
6. Water is used for the following purposes:
Purpose From To C.F.S (or) A.F.A.
MUNICIPAL 01/01 12/31 0.450
7. Total Quantity Appropriated is:
0.450 C.F.S. (and/or) A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
MUNICIPAL USE SERVING 371 HOUSEHOLDS.
10. Place of Use:
Township Range Section 1/4 of 1/4 Lot Use Acres
11. Place of use in counties:
12. Do you own the property listed above as place of use? YES

A63-10048

Page 1

Date: 01/12/89

MICROFILMED
AUG 24 1992

13. Other Water Rights Used:

57-04003 (WELL 1,) 63-07738 (WELL 3), 63-09345 (WELL 5).

14. Remarks:

P/U WITHIN CITY LIMITS OF MARSING. MUNICIPAL SERVICE AREA.

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 _____

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:

Ident. Number

Date Received

Receipt Number

39576

A63-100418

12/1/88

12/19/85

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

DEC 1 1988

Department of Water Resources
Western Regional Office

Please type or print clearly

1. Name of Claimant (s) City of Marsing Phone (208) 896-4123Mailing Address P.O. Box 125, Marsing, Idaho 836 Zip 836392. Date of Priority (Only one (1) per claim) 5/16/833. Source of water supply (a) Groundwater
which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 3 North Range 4 West Section 34,
SE 1/4 of SE 1/4 of _____ 1/4, Govt. Lot, 4 B.M., County of Canyon

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. 12" gravel packed well, 55' deep, 6" submersible
submersible pump discharging to City water storage tank through City water main.well #6

MICROFILMED

AUG 24 1992

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Municipal purposes from 1/1 to 12/31 amount .45 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .45 (cfs) and/or (b) 326 (acre feet)

8. Total consumptive use claimed is 326 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Municipal use serving 371 households

10. Description of place of use: City of Marsing, Idaho

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	
3N	4W	33									lot6			lot5			lot5	M	
3N	4W	34		lot3			lot1	lot2			M	M	M	M			M		
2N	4W	3		M			M	M	M	M		M							
2N	4W	4	lot1	lot2															
			M	M															

Total number of acres irrigated _____

11. In which county (ies) are lands listed above as place of use located? Owyhee

12. Do you own the property listed above as place of use? Yes _____ No X
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.

Water rights to City wells #1, 3, & 5 or None ()

14. Remarks: 12. Place of use is within municipal service area.

Last Name City of Marsing Ident No. _____

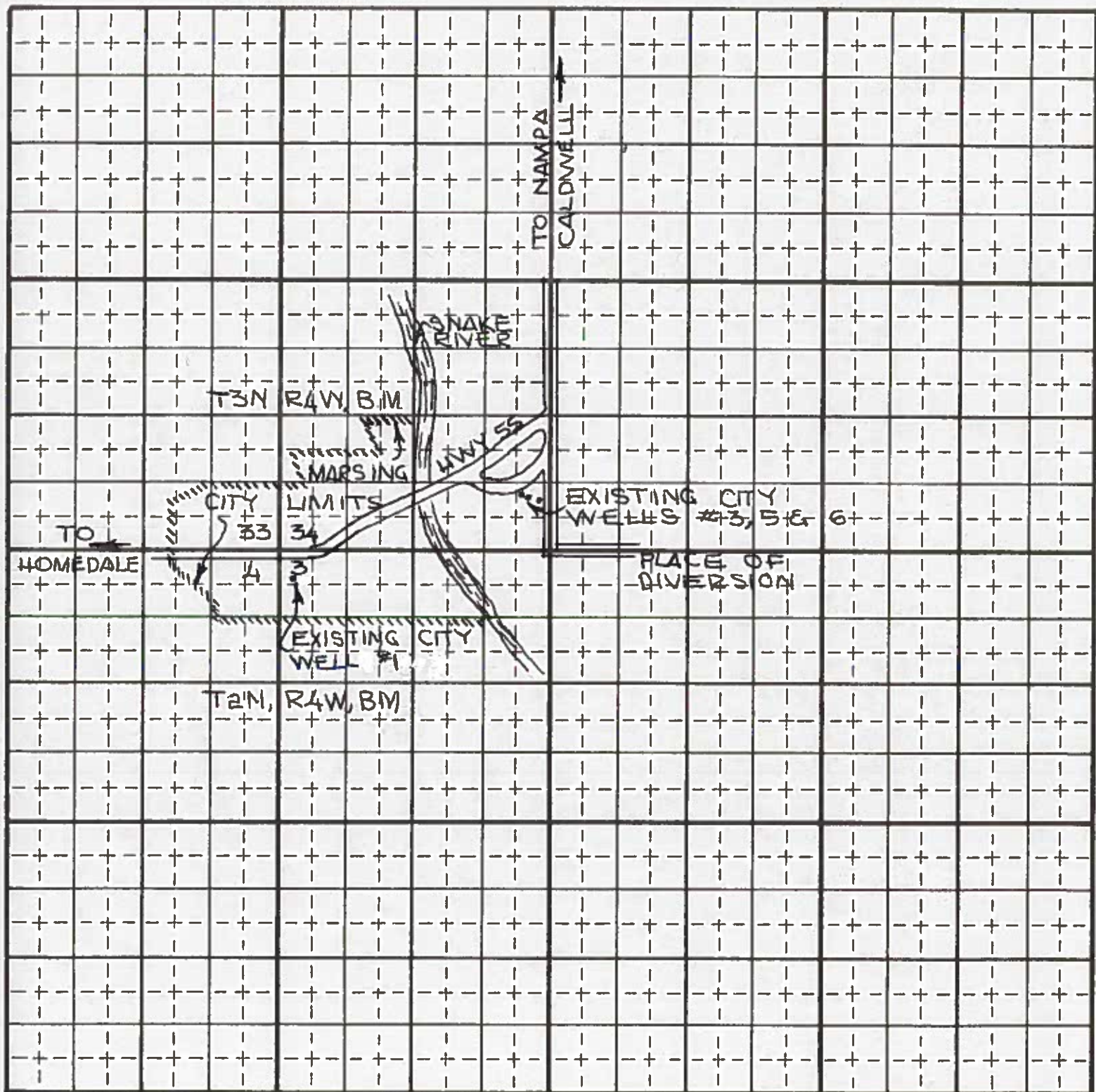
MICROFILMED

Copies: White State Yellow Chairman

AUG 24 1992

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



Last Name City of Marsing Ident No. _____

MICROFILMED
Copies: White-State, Yellow-Claimant
AUG 24 1992

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License _____ Permit X
Decree _____
If applicable provide IDWR Water Right Number 63-10048
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 _____
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) Gene T. Shawalter Date 11-21-81

Date _____

For Organizations: I do solemnly swear or affirm that I am Mayor

of City of Marsing , that I have signed the foregoing

document in the space below as Mayor of City of Marsing
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Gene T. Shawalter

Title and Organization Mayor, City of Marsing Date 11-21-88

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

Subscribed and sworn (or affirmed) before me this 21 day of November 19 88

Notary Public Janice C. Bicandi

Residing at Caldwell

My Commission Expires 3/13/93

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 City of Marsing Ident. Number _____

MICROFILMED

COPIES White-Side Yellow-Check
AUG 24 1992

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

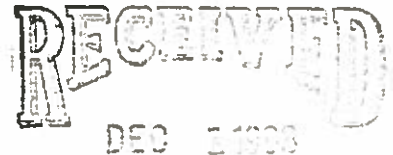
CIVIL CASE NUMBER: 39576

Ident. Number _____

Date Received _____

Receipt Number _____

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW



Department of Water Resources
Western Regional Office

Please type or print clearly

1. Name of Claimant (s) City of Marsing Phone (208) 896-4123

Mailing Address P.O. Box 125, Marsing, Idaho 236 Zip 83639

2. Date of Priority (Only one (1) per claim) 5/16/83

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

4. a. Location of existing point of diversion is: Township 3 North Range 4 West Section 34,
SE 1/4 of SE 1/4 of SE 1/4, Govt. Lot, 4 B.M., County of Canyon

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. 12" gravel packed well, 55' deep, 6" submersible
submersible pump discharging to City water storage tank through City water main.

well #6

MICROFILMED

AUG 24 1992

6. Water is claimed for the following purposes:

(both dates are inclusive) (cfs) (acre feet)

For Municipal purposes from 1/1 to 12/31 amount .45 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 45 (cfs) and/or (b) 326 N/A (acre feet)

8. Total consumptive use claimed is 326 N/A acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Municipal use serving 371 households

10. Description of place of use: City of Marsing, Idaho

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.

R/n for municipal is City of Marsing (remarks)

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	
3N	4W	33									lot6			lot5			lot5	M	
3N	4W	34		lot3			lot1	lot2			M	M	M	M			M		
2N	4W	3		M			M	M	M	M		M							
2N	4W	4	lot1	lot2															
			M	M															

Total number of acres irrigated _____

11. In which county (ies) are lands listed above as place of use located? Owyhee

12. Do you own the property listed above as place of use? Yes _____ No X
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.

Water rights to City wells #1, 3, & 5 57-04003 (well 1), 63-07738 (well 3), 63-09345 (well 5) or None ()

14. Remarks: 12. Place of use is within municipal service area of City of Marsing

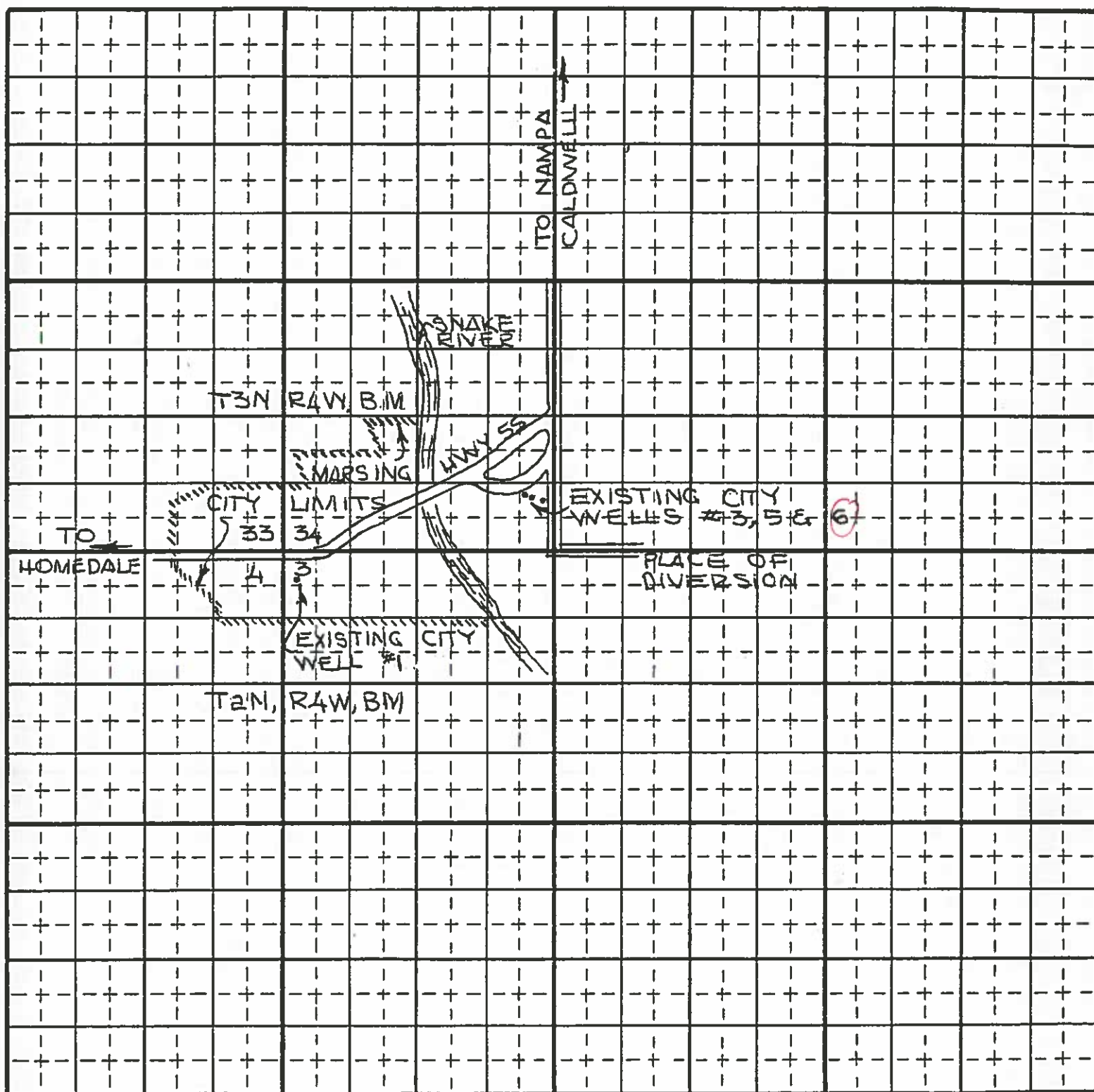
Last Name City of Marsing Ident No. _____

MICROFILMED
Copies of this State Yellow Card must

AUG 24 1992

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



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Last Name City of Marsing Ident No. _____

Copies: White-State, AUG 24 1992

Field error
11-2-87 changed
Permit to License

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License X Permit *
Decree _____
If applicable provide IDWR Water Right Number 63-10048
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 X do not
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) Gene T. Shawalter Date 11-21-81

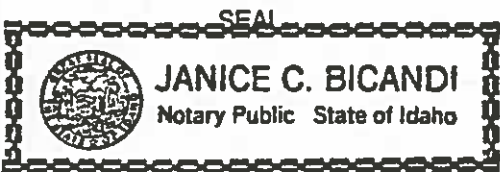
Date _____

For Organizations: I do solemnly swear or affirm that I am Mayor Title _____
of City of Marsing , that I have signed the foregoing
document in the space below as Mayor of City of Marsing
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Gene T. Shawalter
Title and Organization Mayor, City of Marsing Date 11-21-88

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

Subscribed and sworn (or affirmed) before me this 21 day of November 19 88



Notary Public Janice C. Bicandi
Residing at Calderwell
My Commission Expires 3/13/93

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 City of Marsing Ident. Number _____

MICROFILMED
Copies White-State, Yellow-Claimant
AUG 24 1992

3N
4W
5.34
5ESE

MICROFILMED

AUG 24 1992

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 63-10048

Priority: May 16, 1983

Amount: 0.39 CFS

This is to certify, that CITY OF MARSING

P.O. BOX 125

MARSING, ID 836390000

has complied with the terms and conditions of the permit issued pursuant to Application for Permit dated May 16, 1983, and has submitted proof to the Department of Water Resources on August 18, 1983, that water has been applied to a beneficial use; an examination by the Department indicates that the works have a diversion capacity of .390 cfs of water from a GROUNDWATER source and that a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>VOLUME</u>
MUNICIPAL	01/01 to 12/31	0.39 CFS	

LOCATION OF POINT(S) OF DIVERSION: LOT 4(SESE), Sec. 34, Township 03N, Range 04W
CANYON County

PLACE OF USE: See Remarks

CONDITIONS/REMARKS:

1. The right to the use of water hereby confirmed is limited to the amount which can actually be beneficially used and is restricted and appurtenant to the lands or place of use and to the purpose herein described, as provided by the laws of Idaho.
2. This right is subject to all prior water rights and may be forfeited by five years of non-use.
3. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
4. Place of use is within city limits of Marsing,

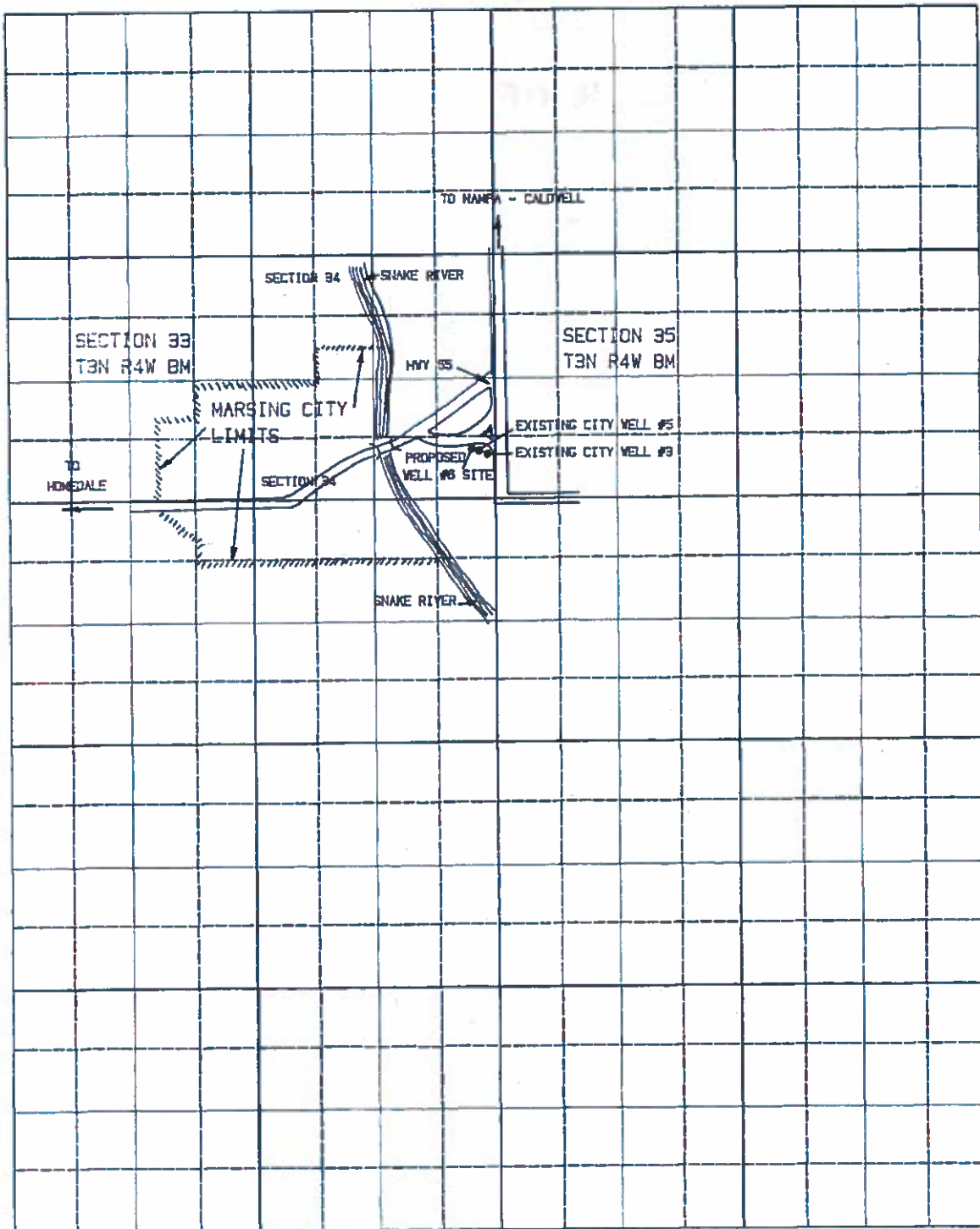
This license is issued pursuant to the provisions of Section 42-219, Idaho Code. Witness the seal and signature of the Director, affixed at Boise, this 24TH day of MARCH, 1989.

Director

MICROFILMED

MAR 31 1989

11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile.

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BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Roy P. Herman
(Applicant)
City of Marsing by Roy Herman, Mayor

PUMP TEST DATA SHEET

DATE 3/11/83 & 3/12/83

WELL #6

CREW Joel Petty & City Crew

TEST FOR City of Marsing

PUMP DATA:

PUMP TYPE Submersible

MANUFACTURER _____

NUMBER OF STAGES 2

HORSEPOWER 5 hp

RATED MAXIMUM DELIVERY 200 GPM

DEPTH AT RATING _____

ATTACH PUMP CURVE IF AVAILABLE.

MEASURING DEVICE:

TYPE OF MEASURING DEVICE Totalizing 2" Meter

MINIMUM FLOW:

ACCURACY _____ % AT _____ GPM

MAXIMUM FLOW:

ACCURACY _____ % AT _____ GPM

ATTACH CALIBRATION CURVE.

RECEIVED

MAY 16 1983

Department of Water Resources
Western Regional Office

WELL DATA:

OWNER City of Marsing

LOCATION by Well #3 & #5

DEPTH OF WELL 47 feet

DEPTH TO PUMP 37 feet

AQUIFER THICKNESS 7 feet

SCREEN SIZE 30 slot 5 feet

CASING SCHEDULE 12" from 3' to 37'-8" from +1.5' to 38.5'

30 slot screen from 38.5' to 43.5'

8" blank tail pipe 43.5' to 47.0'

WELL TYPE Municipal

COMPLETION DATE 3/10/83

DRILLER Stevens & Sons

WELL DIAMETER 12" with 8" liner & screen

TEST DATA:

STARTING TIME 2:09 P.M. (3/11)

COMPLETION TIME 10:17 A.M. (3/12)

LENGTH OF TEST 20 hours

AVERAGE DISCHARGE 150 gpm

STATIC WATER LEVEL #6 28' - 1"

~~556x~~ #5 27' - 10" INCHES

TIME FROM START OF TEST MIN.	DEPTH TO WATER		DISCHARGE	
	Well #6	Well #5	Well #6	Well #5
5	30'-7"	28'-3"	140 gpm	0 gpm
10	30'-7"	28'-3"	140 gpm	0 gpm
20	30'-7½"	28'-3"	140 gpm	0 gpm
30	30'-8"	28'-3½"	140 gpm	0 gpm
40	30'-8½"	28'-4"	140 gpm	0 gpm
50	30'-9"	28'-4"	140 gpm	0 gpm
60	30'-9"	28'-4"	140 gpm	0 gpm
At 3:09 P.M. turned pump to			175 gpm	0 gpm
6	31'-3½"	28'-5"	175 gpm	0 gpm
16	31'-4"	28'-5"	175 gpm	0 gpm
26	31'-4"	28'-5½"	175 gpm	0 gpm

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Sheet 3 of 3

[illegible]

ADJUDICATION CLAIM CHECKLIST

NOTICE OF CLAIM NO.

A63-10048

WR ELEMENT	FIELD EXAM Y/N-IF NO, DO OFFICE VERIFICATION	FIELD EXAM OR IN-OFFICE VERIFICATION WHOM/DATE	CLAIM VERIFIED BY CODE (SEE BELOW)	CHANGE CLAIM Y/N	CLAIMANT CONTACT NEEDED - Y/N**	REVIEW COMPLETED WHOM/DATE	"R" RECORD
PRIORITY*	<u>N</u>						
PT. OF DIV.	<u>N</u>						DATA ENTRY COMPLETED BY _____ DATE _____
SOURCE	<u>N</u>						
PL. OF USE	<u>N</u>						FINAL RECOMMENDATION BY _____ DATE _____
DIV. AMOUNT CFS/AF	<u>Y</u>						
CONSUMPTIVE USE	<u>Y</u>						
NATURE OF USE	<u>N</u>						
PERIOD OF USE	<u>N</u>						
BASIS OF CLAIM	<u>N</u>						
REMARKS	<u>N</u>						

N/A

*IF REQUIRED HAS EVIDENCE OF PRIORITY BEEN
SUBMITTED - YES _____ NO _____.

**IF CLAIMANT CONTACT IS NEEDED, COMPLETE
CLAIMANT CONTACT CHECKLIST AND ATTACH.

COMMENTS: _____

VERIFICATION CODES

TOPO MAP/ORTHOPHOTO = 1
ASCS MAP = 2
WATERMASTER RECORDS = 3
NAPP PHOTOS = 4
FIELD EXAM = 5
OTHER(SEE COMMENTS) = 6

TO: DON SHAFF

FROM: STEVE LESTER

DATE: JAN. 11, 1989

SUBJ: REFUND

Adjudication claims from the City of Marsing were submitted with separate checks with each claim. Four checks exceeded the required fees. Please issue a refund as follows to the City of Marsing, P.O. Box 125, Marsing, ID. 83639.

<u>CLAIM</u>	<u>FEE PAID</u>	<u>FEE DUE</u>	<u>CK #</u>	<u>REFUND</u>
A57-04003	\$150	\$ 68	5870	\$82
A63-07738	150	100	5871	50
A63-09345	150	75	5872	75
A63-10048	150	95	5873	55
TOTAL REFUND				\$257

Attached are copies of the receipts.

Thanks.

MICROFILMED
AUG 24 1992



State of Idaho

DEPARTMENT OF WATER RESOURCES

WESTERN REGION, 2735 Airport Way, Boise, Idaho 83705 • (208) 334-2190

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

January 12, 1988

[City of Marsing]
P.O. Box 125
Marsing, Id. 83639
[Re: Adjudication Claims]

Dear Claimant(s):

We have received your Notice(s) of Claim to a Water Right filed in the Snake River Basin Adjudication.

In the initial review of this claim(s) we found it necessary to complete some of the items on your claim form(s). A copy of your claim(s) with these changes shown, along with the computer generated copy of your claim(s), is enclosed for your review. The following, has been added and/or changed on the claim(s) enclosed:

*minor
changes
made*

Item #2 - Only a portion of your priority date was listed. This item requires a month, day and year. We have added in the required information based on the Department's rules for dates of priority.

X
Item #4 - This item was incomplete and based on other information provided which included your legal description, we have added the quarter-quarter, section, township and range.
*just added
minor changes
in some claims*

X
Item #6 - The period of use is not listed for the use(s) claimed. The Department has recommended periods of use for certain uses. The recommended period of use has been added to your claim.
*Added storage
to AS7-07237*

X
Item #7 - The total quantity claimed was not completed. The use(s) claimed have been added together and this amount added to your claim.
*added 10 ac. ft.
to AS7-07237*

Item #9 - The number of homes was not listed on your claim. It appears to be filed for one domestic home and this information has been added to your claim.

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X
for municipal,
only need to
show as:
City of Mesquite
for AS7-07237, added
info about S.3

- Item #10- The place of use appears to be incorrectly described, or not described at all. The same quarter-quarter you have listed under Item No. 4 for the point of diversion has been used for your place of use.
- Item #12- The ownership of the place of use has not been marked. We have assumed you own the place of use and this information has been added to your claim.

If you have any problems or questions concerning these additions and/or changes, please feel free to change the copy of your claim form(s) and return it to this office. The new changes can then be made and a computer generated copy showing these changes sent to you. If we do not hear from you, we will assume these changes meet with your approval and the claim(s) will remain as shown on the enclosed copies.

Sincerely,

Steve Lester

Steve Lester

SR. Water Resource Agent

Please excuse
the appearance of
this letter, but I
wanted to cover
everything in one
letter and make use
of this form letter
to expedite my
response. If you
have any questions, don't
hesitate to call.
Your receipts (s) are attached. Your claims had
refunds will be issued and mailed to the city.

Application

Please note that AS7-07237 contains an Appl. for Permit that you should complete & return to this office to provide full protection to the Island Park Pond.

Additional Claim

Note that License 63-07171 has not been filed on in the adjudication. This is the remaining city right to file on. Because the well is in Canyon County, the license does not have to be filed in Blaine Co. deadline of 1/19/89. Attached are a copy of license & related form for filing.

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

-lic. recommendation
-proof report attached
showing permit info.
RETPUNCHED

A. GENERAL INFORMATION

Permit No. 63-10048

1. Owner: City of Marsing

Phone No. 896-4122

Current Address: P.O. Box 125, Marsing, ID 83639

2. Accompanied by: Roy Herman

EXAM. DATE: 7/2/87

Address: as above

Phone No. _____

Relationship to Permit Holder: Mayor

3. Source: groundwater tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: _____

☐ Copies Attached

2. Other water rights with same point of diversion: _____

☐ Copies Attached

☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. Diversion System Diagram: Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached

see photos, map of city

Scale: 1" = _____

2. ☒ Copy of U.S.G.S. Quadrangle Attached
Showing location(s) of point(s) of diversion and
place(s) of use (required).

☒ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater.

☐ Aerial Photo Attached
(required for irrigation of 10 acres or more).

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System Description (continued)

3. Narrative: Description (As operating at time of measurement. Indicate pressure, number of sprinklers, etc.)

Water is pumped from an 8" cased well with a 5 hp submersible pump. A 4" pipe carries water to a storage ~~stgy~~ tower (see City plat map). An 8" line carries water from the storage tank to the City of Marsing.

☐ See Remarks on page 4 for continuation

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
		5	submersible	pump	

*Code to correspond with No. on map and aerial photo

5. Point(s) of Diversion:

Ident. No.	Gov't. Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
	04		SE	SE	34	3N	4W	Canvon	Topog. Map.

6. Place(s) of Use:

Indicate Method of Determination

Twp.	Rge.	Sec.	NE1/4				NW1/4				SW1/4				SE1/4				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	

Within Marsing City Limits

Do not use this space

D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

Observed 72.3 GPM at flow meter. However, not peak discharge time. Per attached pump test data, allow 175 GPM (.39 cfs).

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

2. Alternate Method for Checking Purposes: *theoretical: assume 80% effic., 20 PSI, 31' lift*

$$\frac{HP \times 8.8 \times \text{effic}}{\text{Lift} + (2.3 \times \text{PSI})} = \frac{5 \times 8.8 \times .80}{31 + (2.3 \times 20)} = \frac{352}{77} = .46 \text{ cfs}$$

F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: _____ psi x 2.31 = _____ ft (1); Dynamic pumping level: _____ ft (2)
 Total Head: (1) + (2) = _____ (3) ; Flow rate: _____ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = _____ (5)
 Meter Input KW: 3.6 x _____ KH x _____ CTR or _____ MULT x _____ PTR x _____ N/ _____ T = _____ (6)
 Meter Input HP: (6) x 1.34 = _____ (7)
 Panel Input KW: _____ Ave PF x _____ Ave Volts x _____ Ave Amps x .001732 = _____ (6)
 Panel Input HP: (6) x 1.34 = _____ (7) Efficiency: (5)/(7) x 100 = _____ %

G. VOLUME CALCULATIONS

N/A

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____
 $V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$ _____
 $V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$ _____

2. Volume Calculations for Other Uses:

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H. REMARKS AND OVERLAP REVIEW ANALYSIS

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Municipal	1/1	12/31	.39	
Totals:			.39	

2. 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

J. AUTHENTICATION

Field Examiner's Name Brad E. Dingee
Signature Brad E. Dingee
Certification Date _____
Field Report Preparation Date 6/16/88

CONSULTANT SEAL

- K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.



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PUMP TEST DATA SHEET

DATE 3/11/93 & 3/12/93WELL 46CREW Coel Perry & City CrewTEST FOR City of Lansing

PUMP DATA:

PUMP TYPE Submersible
NUMBER OF STAGES 2
RATED MAXIMUM DELIVERY 200 GPMMANUFACTURER _____
HORSEPOWER 5 HP

DEPTH AT RATING _____

ATTACH PUMP CURVE IF AVAILABLE.

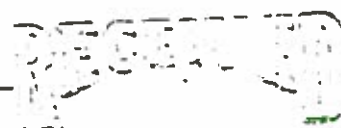
MEASURING DEVICE:

TYPE OF MEASURING DEVICE Totalizing 2" Meter

MINIMUM FLOW: _____

ACCURACY 5 AT _____ GPM

MAXIMUM FLOW: _____

ACCURACY 5 AT _____ GPMDepartment of Water Resources
Western Regional Office

ATTACH CALIBRATION CURVE.

WELL DATA:

OWNER City of Lansing LOCATION City Hall 47' deep
DEPTH OF WELL 47' deep DEPTH TO WATER 1' deep
AQUIFER THICKNESS 7' deep SCREEN SIZE 1/2" x 1/2" x 1/2"
CASING SCHEDULE 12" from 2' to 37'-4" from 37'-4" to 47'-6"20 slot screen from 37.5' to 47.5'2" blank well pipe from 47.5' to 51'WELL TYPE Non-artesianDRILLER Stevens & SonsCOMPLETION DATE 3/11/93WELL DIAMETER 12" from 2' to 37'-4" screen

TEST DATA:

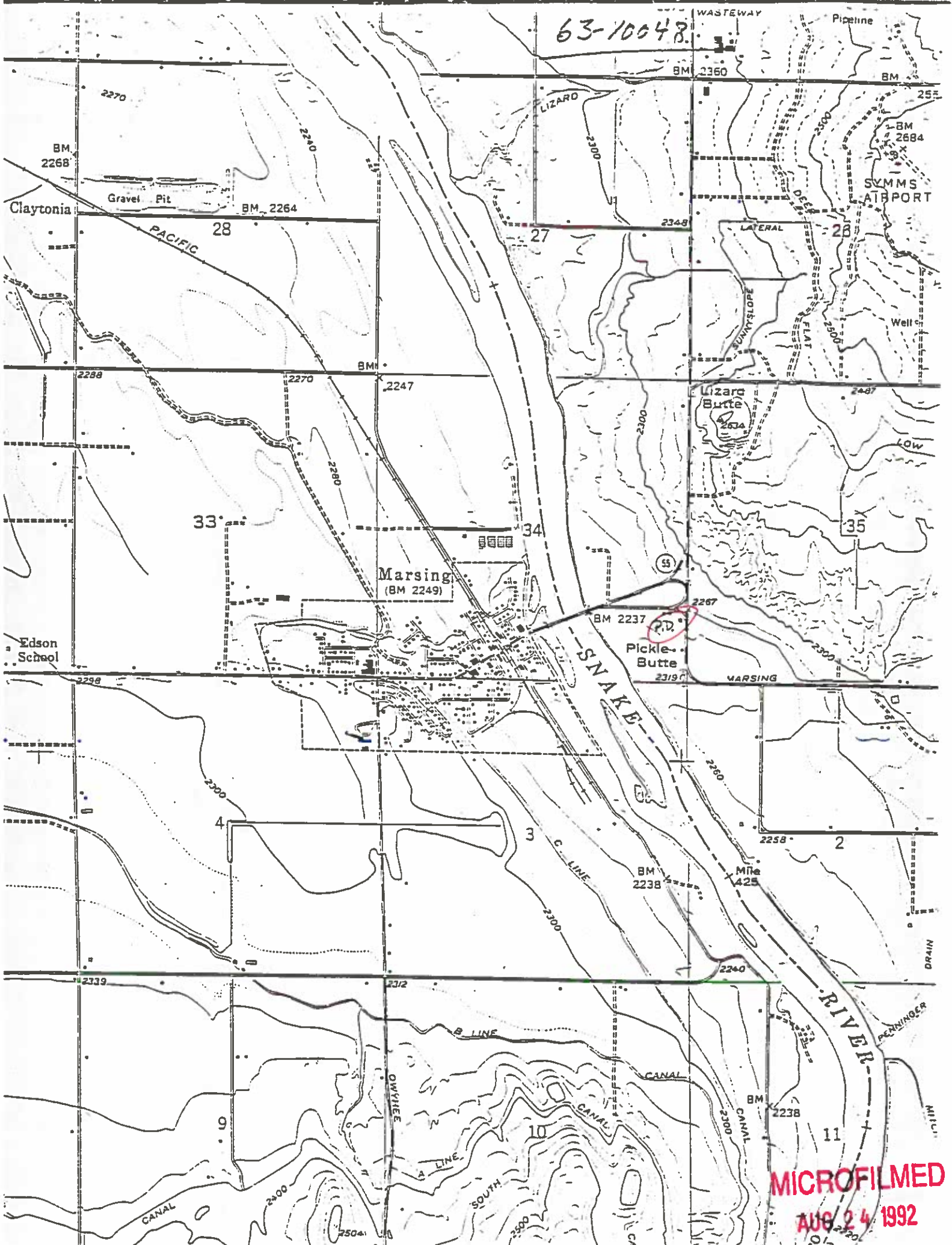
STARTING TIME 2:00 P.M. 10/93 STOP TIME 2:15 P.M. 10/93
LENGTH OF TEST 15 min
STATIC WATER LEVEL 36' 3" - 37' TEST WATER 10' 3" - 10'

TIME FROM START OF TEST MIN.	DEPTH TO WATER FEET	WELL NO.	TEST NO.	WELL DEPTH FEET
5	30'-7"	28'-0"	100	30'-7"
10	30'-7"	28'-0"	100	30'-7"
20	30'-7 1/2"	28'-0"	100	30'-7"
30	30'-8"	28'-0"	100	30'-7"
40	30'-8 1/2"	28'-0"	100	30'-7"
50	30'-9"	28'-0"	100	30'-7"
60	30'-9"	28'-0"	100	30'-7"
At 2:00 P.M. turned pump to				
6	31'-0 1/2"	28'-0"	100	30'-7"
16	31'-4"	28'-0"	100	30'-7"

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63-10048



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Water Right Number - 63-10048

Adj. Flag Translation: Standard Water Right Number

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** C - CURRENT OWNER ***

CITY OF MARSING

1 - P.O. BOX 125

2 -

3 -

City- MARSING

State- ID Zip- 836600000

Phone -

+ - - Priority Date - - + + - - Region - - - + + - - Stage - - - + + - - Status - - - +
05/20/1983 14 P - PERMIT+ - - - - Source - - - - + + - - - - - Tributary - - - - - +
GROUNDWATER UNNAMED DRAIN BOISE RIVER

Tw	Rng	Sec	Tract	Lot	RFlg	County	Point of Diversion	Stream Index (Blank if no Index Code)
03N	04W	34	SE SE	4	(27)	CANYON		
05N	04W	30	SE SE	1	(27)	CANYON		
05N	04W	31	NE NE	1	(27)	CANYON		

Code	Description	Period From	Period To	Diversion Rate	Diversion Volume
40 - MUNICIPAL		01/01	12/31	0.450	
01 - IRRIGATION		03/15	10/15	0.700	

+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Div. Capacity - + + - Total Consumptive Use - + + - KW Usage - +
0.700

Tw	Rng	Sec	Tract	Lot	Acres	Code	Description	County
05N	04W	30	SE SE	1	8.0	01	IRRIGATION	(27) CANYON
05N	04W	31	NE NE	1	27.0	01	IRRIGATION	(27) CANYON

Total Acres: 35.0

+ - - Diversion Means - PUMP, PIPELINE, DITCH & SPRINKLERS

+ - - Non-Irrigation Use -

+ - - Other Rights for Same Use - WTR. RT. FOR EXISTING CITY WELLS NO. 1, NO. 2, NO. 3 & 5.

+ - - - - - Remarks - - - - - +
P/U WITHIN CITY LIMITS OF MARSING.+ - - - - - Conditions of Approval - - - - - +
No Conditions of Approval found.

data base incorrect.
D.O.P. = 5/16/83
confirmed via KW, well,
1/11/89
SL.

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Proof Due Date	- 08/01/1984	Field Exam Made	- 07/02/1987	Field Exam Fee	- R
Approved/Denied	- 07/15/1983	Protested Date	- 00/00/0000	Swan Falls	-
Proof Made Date	- 01/01/1900	Hearing Date	- 00/00/0000	Temporary Right	- P
Start Work Date	- 00/00/0000	Verified Date	- 00/00/0000	DLE/Carey Act	-
Order Show Cause	- 00/00/0000	Receipt Number	-	Water District	-
Licensed Date	- 00/00/0000	Appl Received	- 00/00/0000	Transfer/Amended	-
Decree Date	- 00/00/0000				

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12/22/1988

SRBA CLAIMS RECEIVING CHECKLIST

CLAIMANT'S NAME

City of Marsing

CLAIM IDENT. NO.

A63-10048

DATE RECEIVED

12/1/88

CK #

5873

AMOUNT \$

150

- | | 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? | ☒ | ☐ | * |
| 3. (a) Is a source entered? | ☒ | ☐ | * |
| (b) Is a tributary to entered? (if required) | N/A ☒ | ☐ | |
| 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? | N/A ☒ | ☐ | |
| Is the consumptive use correct? | N/A ☒ | ☐ | |
| 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. | N/A ☒ | ☐ | * |
| 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.) | N/A ☒ | ☐ | |
| 15. Is the basis of the claim indicated? | ☒ | ☐ | |
| 16. Has the claimant requested a monthly docket sheet? (If yes, describe payment status in "Comments" below.) | ☐ | ☒ | assessm |
| 17. Is the claim signed by the claimant, and is the signature appropriate? | ☒ | ☐ | * |
| 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? | Exempt ☒ | ☐ | * |
| 21. If this claim is based on an existing water right, has the identification number been entered? | N/A ☒ | ☐ | |
| 22. Should this claim be receipted and data entered? | ☒ | ☐ | |

Claim checked by:

82

Date:

1/1/89

Claim must be returned to claimant: (Yes) ☒ (No)Claimant must be sent a copy of amended claim for approval: ☒ (Yes)

(No)

Receipt Prepared by:

82

Date:

1/1/89

Claim data entered by:

Date:

Checked by:

Date:

Sent to claimant by:

Date:

Comments: Permit was for .45 cfs but lic. rec'd of exam is .39 cfs. Need to

confirm licensed rate when licensing completed and reduce claim if license reduced to .39 cfs.

Overpayment: fee is \$95 (based on claim rate .45 cfs), \$150 - \$95 = \$55.

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PUMP TEST DATA SHEET

Sheet 2 of 3

TIME FROM START OF TEST IN MIN.	DEPTH TO WATER		DISCHARGE	
	Well #6	Well #5	Well #6	Well #5
36	31'-4"	28'-5½"	175 gpm	0 gpm
46	31'-4"	28'-5½"	175 gpm	0 gpm
At 3:55 P.M. turned pump to			200 gpm	0 gpm
5	31'-10"	28'-6½"	200 gpm	0 gpm
15	31'-10"	28'-7"	200 gpm	0 gpm
25	31'-10½"	28'-7"	200 gpm	0 gpm
35	31'-10½"	28'-7"	200 gpm	0 gpm
45	31'-10½"	28'-7"	200 gpm	0 gpm
At 4:40 P.M. turned pump #5			200 gpm	100 gpm
10	32'-0"	30'-2"	200 gpm	100 gpm
20	32'-0½"	30'-3"	200 gpm	100 gpm
30	32'-0½"	30'-3"	200 gpm	100 gpm
40	32'-0½"	30'-3"	200 gpm	100 gpm
50	32'-1"	30'-3½"	200 gpm	100 gpm
60	32'-1"	30'-4"	200 gpm	100 gpm
At 5:40 P.M. turned pump #5 OFF				
10	32'-0"	30'-2"	200 gpm	0 gpm
At 5:50 P.M. turned both pumps OFF				
10	28'-9"	probe not working	0 gpm	0 gpm
	probe not working	probe not working	BOTH PROBES STOPPED DUE TO RAIN	
At 6:00 P.M. turned Well #6 to 150 GPM and Well #5 OFF				
977			150 gpm	0 gpm
At 10:17 A.M. 3/12	31'-11"	28'-6"	150 gpm	0 gpm