

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: A37-11636
Date Received: 10/13/1988
Receipt No: M001575
Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: TOM J. BLANCHARD 208-788-4450
Address: BOX 225
BELLEVUE, ID 83313

OR
Name: FLORENCE K. BLANCHARD 208-788-4450
Address: BOX 225
BELLEVUE, ID 83313

2. Date of Priority: JUN 30, 1971

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
02N	18E	36	SW	SW	NW		BLAINE

5. Description of diverting works:
WELL, 32' DEEP, 6" CASING

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		
STOCKWATER	01/01	12/31	0.020		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
ONE DOMESTIC HOUSEHOLD, 4 SHEEP, 6 GOATS, 100 CHICKENS

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Date: 10/13/88

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
02N	18E	36	SW	NW		DOMEST	
			SW	NW		STOCK	

11. Place of use in counties: BLAINE

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: BENEFICIAL USE

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): Tom Blanchard Date: Oct 13-88

Date: _____

State of Idaho)
County of BLAINE) SS.

Subscribed and sworn (or affirmed) before me this 13th day
of Oct 19 88

Notary Public
Notary Public

Seal

Residing at Boise, 2nd
My Commission Expires 9-2-1994



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SRBA CLAIM REVIEW ANALYSIS SHEET (D & S CLAIMS)

ITEM NO.		CHANGED ?	
		YES	NO
1.	<u>Blanchard</u> () - ()	()	(☒)
2.		()	()
3.	(☒) GROUNDWATER OR 3B. <u></u>	()	(☒)
4.	T <u>2N</u> R <u>18E</u> SEC <u>36</u> , <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, LOT <u></u> CO. <u>Bline</u>	()	(☒)
5.		()	()
6.		()	()
7.		()	()
8.		()	()
9.		()	()
10.	T <u>2N</u> R <u>18E</u> SEC <u>36</u> , <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, LOT <u></u> USE <u>Domestic</u>	()	(☒)
	T <u>2N</u> R <u>18E</u> SEC <u>36</u> , <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, LOT <u></u> USE <u>Stock</u>	()	(☒)
11.	<u>33 Lower Bradford R.</u>	()	()
12.		()	()
13.	<u>33 Lower Bradford Rd.</u>	(☒)	()
14.		()	()
15.		()	()

FIELD INSPECTED BY A. Kenneth Dunn DATE 5/18/1990

COMMENTS:

DWR REVIEW AND DATA BASE MODIFICATION BY hht DATE 6/26/1990

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. A37 11636

1. Owner: Tom Blanchard Phone No. 208 788 4450

Current Address: Box 225 Bellevue

2. Accompanied by: _____ EXAM. DATE: 5-18-90

Address: _____ Phone No. _____

Relationship to Permit Holder: _____

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

Domestic
Stockwater

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.)

☐ 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
Well in pump house					

*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
		SW	SW	NW	36	2N	18E	Blaine	33 Lower Bradford Rd

6. Place(s) of Use:

Indicate Method of Determination

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
2N	18E	36							X										

Do not use this space

D. FLOW MEASUREMENT

1.

Measure

2. Measurement



Calib.
Date

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

2. Alternate Method for Checking Purposes:

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

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		

Totals: _____

2. Recommended Amendments

- | | |
|---|--|
| ☐ Change P.D. as reflected above | ☐ Add P.D. as reflected above |
| ☐ Change P.U. as reflected above | ☐ Add P.U. as reflected above |

☐ None
☐ Other

J. AUTHENTICATION

Field Examiner's Name _____

Signature _____

Certification Date _____

Field Report Preparation Date _____



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