

03/31/2006

IDAHO DEPARTMENT OF WATER RESOURCES  
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 63-8196

NAME AND ADDRESS: STATE OF IDAHO  
DEPT OF HEALTH & WELFARE  
IDAHO STATE SCHOOL & HOSPITAL  
450 W STATE 10TH FL  
BOISE ID 83720

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 1.700 CFS  
487.500 AFY

PRIORITY DATE: 08/28/1975

POINT OF DIVERSION:

T03N R02W S13 SWNW Within CANYON County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u> | <u>PERIOD OF USE</u> | <u>QUANTITY</u>         |
|-----------------------|----------------------|-------------------------|
| DOMESTIC              | 01/01 12/31          | 0.300 CFS<br>163.50 AFY |
| IRRIGATION            | 05/01 10/31          | 1.400 CFS<br>324.00 AFY |

The use of water for irrigation under this right may begin as early as March 1 and may continue to as late as November 15, provided other elements of the right are not exceeded. The use of water before May 1 and after October 31 under this remark is subordinate to all water rights having no subordinated early or late irrigation use and a priority date earlier than the date a partial decree is entered for this right.

Domestic use is for the Idaho State School and Hospital.

PLACE OF USE: IRRIGATION Within CANYON County

|               |      |       |               |      |       |
|---------------|------|-------|---------------|------|-------|
| T03N R02W S13 | NENW | 8.00  | T03N R02W S13 | NWNW | 25.00 |
| T03N R02W S13 | SWNW | 35.00 | T03N R02W S13 | SENW | 1.00  |
| T03N R02W S14 | NENE | 2.00  | T03N R02W S14 | SENE | 1.00  |

DOMESTIC same as IRRIGATION

72 ACRES TOTAL

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

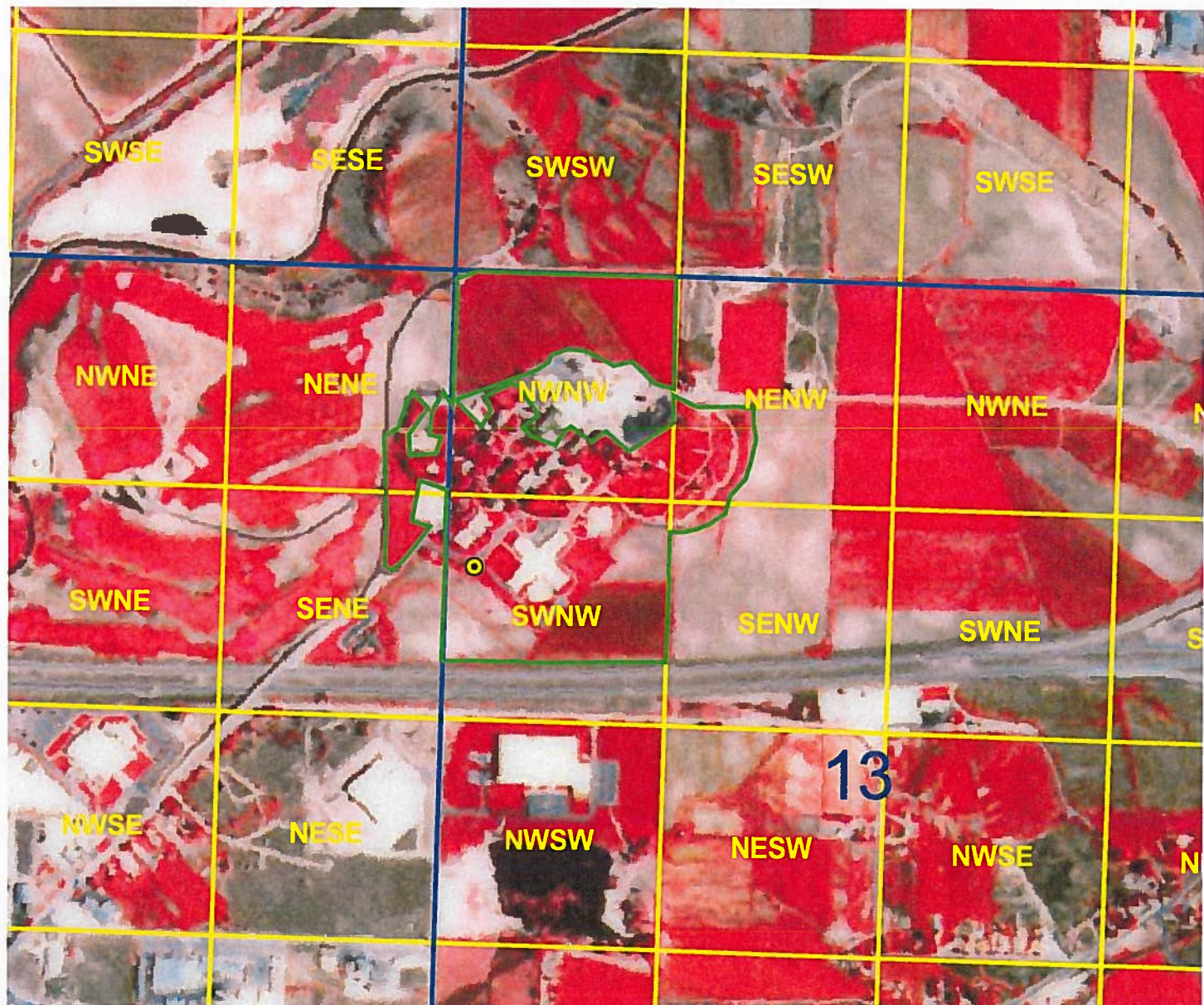
This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - License  
Parcel No. R3108200000.



State of Idaho  
Idaho Department of Water Resources  
Western Region

**T3N R2W SECTIONS 13 AND 14**  
**Water Right (s): 63-8196**



1320 0 1320 2640 Feet

**TOTAL IRRIGATED ACRES = 72**



-  **Point of Diversion**
-  **Place of Use**
-  **Section Lines**
-  **Quarter Quarter Lines**

**GIS Place of Use Illustration**  
**1987 NAPP Photography**  
**Prepared By: Vicky Music**  
**Date: March 2006**



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000  
Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

August 13, 1992

Mr. Michael Stoy, DAG  
Idaho Dept of Health & Welfare  
450 w state, 10th Floor  
Boise ID 83702

A84-10457  
✓ - 04162  
✓ - 04161

A63-08196  
✓ - 26877

A21-11971  
✓ - 11972

A27-07084

Dear Mr. Stoy:

Thank you for ordering the Idaho Dept of Water Resources, Adjudication Docket Sheet in your letter to John D. Carlson, dated July 23, 1992. Your subscription has been started and you should have already recieved the material.

This letter is to bill you or your office for the Docket Sheet Subscription. The total amount due to cover your 1992 subscription is \$7.50.

I hope you find the docket sheet to be a valuable reference tool. If you have any questions or require copies of the materials listed in the docket sheet, please call.

Yours truly,

Danni M. Smith  
Adjudication Sec, Records Mgr

cc: John D. Carlson

MICROFILMED  
OCT 07 1996



STATE OF IDAHO

OFFICE OF THE ATTORNEY GENERAL

LARRY ECHOHAWK  
ATTORNEY GENERAL

HEALTH AND WELFARE DIVISION  
450 W. STATE, 10TH FLOOR  
BOISE, IDAHO 83720  
TELEPHONE: (208) 334-5537

July 23, 1992

RECEIVED  
JUL 27 1992

John D. Carlson  
Adjudication Supervisor  
Department of Water Resources  
1301 North Orchard Street  
Statehouse Mail  
Boise, Idaho 83720-9000

Department of Water Resources

Re: Snake River Basin Adjudication (SRBA) and Claims to a  
Water Right A84-10457, A84-04162, A63-08196, A27-07084,  
A63-26877, A21-11971, A21-119972, and A84-4161  
Counties of Freemont, Boise, Bingham, Clearwater, Canyon

Dear Mr. Carlson:

Attached please find above-mentioned SRBA claims corrected as  
per your advice. Attached also are proofs of beneficial use claims  
and a claim withdrawal on A27-07084.

I would like to receive monthly copies of the docket sheet.  
Please bill my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Stoy".  
Michael Stoy  
Deputy Attorney General

MS/plm

Enclosures

MICROFILMED  
OCT 07 1990

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

RECEIVED

AUG 28 1992

Ident. Number: A63-08196  
Date Received: 7/18/1989  
Receipt No: T008367  
Received By: \_\_\_\_\_

Department of Water Resources

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

AMENDED

1. Name: STATE OF IDAHO 208-334-5537  
Address: DEPT OF HEALTH & WELFARE  
IDAHO STATE SCHOOL & HOSPITAL  
450 W STATE 10TH FL  
BOISE ID 83720

2. Date of Priority: AUG 28, 1975

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County |
|----------|-------|---------|--------|--------|-----|-----|--------|
| 03N      | 02W   | 13      |        | SW     | NW  |     | CANYON |

5. Description of diverting works:  
WELL, PUMP, FLOW METERING & PUMPHOUSE

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) | A.F.A. |
|------------|-------|-------|--------|------|--------|
| IRRIGATION | 05/01 | 10/31 | 1.200  |      | 270.00 |
| DOMESTIC   | 01/01 | 12/31 | 0.300  |      | 163.50 |

7. Total Quantity Appropriated is:  
1.500 C.F.S. (and/or) 433.50 A.F.A.

8. Total consumptive use is 210.0 Acre Feet Per Annum.

9. Non-irrigation uses:  
DOMESTIC, INSTITUTIONAL BUILDINGS

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use | Acres |
|----------|-------|---------|--------|-----|-----|-----|-------|
| 03N      | 02W   | 13      | NW     | NW  |     | IRR | 25.0  |

A63-08196

Page 1

Date: 08/25/92

MICROFILMED  
JUL 27 1996

10. Place of Use: Continued

| Township      | Range | Section | 1/4 of | 1/4 | Lot | Use | Acres |
|---------------|-------|---------|--------|-----|-----|-----|-------|
| 03N           | 02W   | 13      | SW     | NW  |     | IRR | 35.0  |
| Section Acres |       |         |        |     |     |     | 60.0  |
| Total Acres   |       |         |        |     |     |     | 60.0  |

11. Place of use in counties: CANYON

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

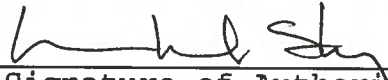
16. Signature(s)

(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 \_\_\_\_\_ 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 DEPUTY ATTORNEY GENERAL of  
Title  
STATE OF ID: HEALTH & WELFARE DIV., that I have signed the foregoing  
Organization  
document in the space below as THE ATTORNEY of  
Title  
HEALTH & WELFARE DIVISION and that the statements contained in the  
Organization  
foregoing document are true and correct.

  
Signature of Authorized Agent  
DEPUTY ATTORNEY GENERAL  
HEALTH & WELFARE DIVISION  
Title and Organization

8/27/92

Date

**MICROFILMED**  
OCT 07 1996

State of Idaho )  
 ) SS.  
County of ADA )

Subscribed and sworn (or affirmed) before me this 27TH day  
of AUGUST 19 92

Ratting S. McNeill  
Notary Public

Seal

Residing at BOISE

My Commission Expires 6/07/97

17. Notice of Appearance:

Notice is hereby given that I, MICHAEL STOY will be  
Print Name

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 *Michael Stoy*  
DEPUTY ATTORNEY GENERAL

Address 450 WEST STATE ST 10TH FLOOR  
BOISE ID 83720-5450

Date 8/27/92

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: A63-08196  
Date Received: 4/15/1989  
Receipt No: T008367  
Received By: \_\_\_\_\_

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: STATE OF IDAHO 208-334-5537  
Address: DEPT OF HEALTH & WELFARE  
IDAHO STATE SCHOOL & HOSPITAL  
450 W STATE 10TH FL  
BOISE ID 83720

2. Date of Priority: AUG 28, 1975

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County |
|----------|-------|---------|--------|--------|--------|-----|--------|
| 03N      | 02W   | 13      | SW     | NW     |        |     | CANYON |

5. Description of diverting works:  
WELL, PUMP, FLOW METERING & PUMPHOUSE

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) | A.F.A. |
|------------|-------|-------|--------|------|--------|
| IRRIGATION | 05/01 | 10/31 | 1.200  |      | 270.00 |
| DOMESTIC   | 01/01 | 12/31 | 0.300  |      | 163.50 |

7. Total Quantity Appropriated is:  
1.500 C.F.S. (and/or) 433.50 A.F.A.

8. Total consumptive use is 210 Acre Feet Per Annum.  
mg

9. Non-irrigation uses:  
DOMESTIC, INSTITUTIONAL BUILDINGS

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 of | Lot | Use | Acres |
|----------|-------|---------|--------|--------|-----|-----|-------|
| 03N      | 02W   | 13      | NW     | NW     |     | IRR | 25.0  |

A63-08196

Page 1

Date: 06/11/92

MICROFILMED  
OCT 07 1996

10. Place of Use: Continued

| Township      | Range | Section | 1/4 of 1/4 | Lot | Use | Acres |
|---------------|-------|---------|------------|-----|-----|-------|
| 03N           | 02W   | 13      | SW NW      |     | IRR | 35.0  |
| Section Acres |       |         |            |     |     | 60.0  |
| Total Acres   |       |         |            |     |     | 60.0  |

11. Place of use in counties: CANYON

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 \_\_\_\_\_ 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 \_\_\_\_\_ of  
Title

\_\_\_\_\_, that I have signed the foregoing

Organization  
document in the space below as \_\_\_\_\_ of  
Title

\_\_\_\_\_, and that the statements contained in the  
Organization  
foregoing document are true and correct.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Title and Organization

\_\_\_\_\_  
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 \_\_\_\_\_

17. Notice of Appearance:

Notice is hereby given that I, \_\_\_\_\_ will be  
Print Name

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 \_\_\_\_\_

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

A63-08196

Date Received

Receipt Number

NOTICE OF CLAIM  
TO A  
WATER RIGHT  
ACQUIRED UNDER STATE LAW

RECEIVED  
APR 14 1989

Department of Water Resources

## Please type or print clearly

1. Name of Claimant (s) State of Idaho, Department of Health and Welfare, Idaho State School & Hospital Phone ( 208 ) 334-5537  
c/o Michael Stoy, Deputy Attorney General  
Mailing Address 450 W State St., 10th Floor, Boise, ID Zip 83720

2. Date of Priority (Only one (1) per claim) 8/28/75

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

4. a. Location of existing point of diversion is: Township 3N Range 2W Section 13,  
1/4 of SW 1/4 of NW 1/4, Govt. Lot, 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. Well, pump, flow metering, pumphouse

MICROFILMED  
OCT 07 1996



15. Basis of Claim (check one) Beneficial Use \_\_\_\_\_ Posted Notice \_\_\_\_\_ License X Permit \_\_\_\_\_  
Decree \_\_\_\_\_  
If applicable provide IDWR Water Right Number 63-08196  
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) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

**For Organizations:** I do solemnly swear or affirm that I am Deputy Attorney General  
Title  
of State of Idaho, Health and Welfare Division, that I have signed the foregoing  
Organization  
document in the space below as Attorney of Dept. of Health and Welfare  
Title Organization  
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Michael Stoy

Title and Organization Deputy Attorney General, Health & Welfare Date 4/11/89

State of Idaho/or \_\_\_\_\_ )  
County of Ada ) SS.

Subscribed and sworn (or affirmed) before me this 11th day of April 19 89

SEAL

Notary Public Patty L. McNeill

Residing at Boise

My Commission Expires XXXXXX 6/07/91

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, Michael Stoy, Deputy Atty. General 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 Michael Stoy

Address 450 W. State St., 10th Flr., Boise, ID 83720

Date 4/11/89

Last Name \_\_\_\_\_ Ident. Number \_\_\_\_\_

**MICROFILMED**  
**OCT 07 1996**

Copies White-State, Yellow-Claimant

# ADJUDICATION CLAIM REVIEW CHECKLIST

4-3-91

CLAIMANT'S NAME Health & Welfare

CLAIM IDENT. NO. 463-08196

DATE RECEIVED 4-15-89

RECEIPT # T008367

AMOUNT \$ 472.00

|                                                                                                                                                                                                                                                                                                                                                                                                         | YES                                 | NO                       | Required Info? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|----------------|
| 1. Is the name and address complete with zip code? . . . . .                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 2. Is a priority date entered? . . . . .                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| Is the priority date acceptable in view of mandatory filing dates?<br>See Adjudication Memos #1 and #4 to determine if a Permit is required.                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 3. (a) Is a source entered? . . . . .                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| (b) Is a tributary to entered? (if required) . . . . . N/A                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 4. Is the legal description of the p.d. sufficient? . . . . .                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 5. Is there a description of the diverting works? . . . . .                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 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 . . . . .                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| Is the period of use included? . . . . .                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| Is a quantity claimed for each use? . . . . .                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 7. Is a total quantity claimed entered? . . . . .                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 8. If required is a consumptive use entered? . . . . . N/A                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| Is the consumptive use correct? . . . . . N/A                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 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                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 10. Is (are) the place(s) of use and purpose(s) indicated? . . . . .                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 11. Is (are) the county(ies) entered? . . . . .                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 12. Is the ownership of p.u. checked? . . . . .                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 13. Are other water rights listed or "none" indicated? . . . . .<br>(See Item No.'s 16 & 17 for checking other water rights)                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 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                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 15. Is the basis of the claim indicated? . . . . .                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 16. If the basis of claim is shown as license, permit, or decree is the existing water rt. no. listed? . . . . . N/A<br>(Compare claim with the existing water rt. and either attach a proof report or state in comments that the existing right was compared to the claim)                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 17. If the basis of claim is shown as beneficial use, or not marked, are there existing water rights shown in our records using the legal desc. or name on the claim? . . . . . N/A<br>(If yes, describe the right in "Comments" and attach a proof report) NOTE: If the claim is for dom/stock this check is not as necessary unless it is located within an area where dom/stock rights were decreed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 18. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) . . . . . N/A                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 19. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. . . . .                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 20. Has the claim been signed, sealed, and dated by a notary? . . . . .                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 21. Was this claim filed on time, or was an extension granted? . . . . .                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |
| 22. Is the fee enclosed correct? . . . . . Exempt                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | *              |

MICROFILMED  
OCT 07 1996

13. Should this claim be ☒ entered?

Claim reviewed by: af + 900

Date

6-11-92

Claim data entered by: af

Date

6-11-92

Claim is being returned to claimant:

☐ (Yes) ☒ (No)

Claimant is being notified of modifications:

☐ (Yes) ☐ (No)

Comments:

---

---

---

---

# Receipt Details for ID T008367

| Status | Adjustment Type  | Version |
|--------|------------------|---------|
|        | Adjusted Receipt | 1       |

## General Information:

| Date Received        | Date Deposited | Region                     | Total Amount | Payment Type          |
|----------------------|----------------|----------------------------|--------------|-----------------------|
| 7/18/1989 3:55:02 PM | 7/18/1989      | Electronically Transmitt   | \$472.00     | Electronically Transr |
| <b>Payer</b>         |                | ELECTRONICALLY TRANSMITTED |              |                       |

## Account Information:

| Check #              | Account #                 | Credit Card Name | Authorization # |
|----------------------|---------------------------|------------------|-----------------|
|                      |                           |                  |                 |
| Card Expiration Date | Credit Card Transaction # |                  |                 |
|                      |                           |                  |                 |

Comment H & W COMM REHAB ADJ FEE

## Fee Detail:

| Amount   | Description              | PCA    | Fund | Fund Detail | Subsidiary | Object |
|----------|--------------------------|--------|------|-------------|------------|--------|
| \$472.00 | H & W COMM REHAB ADJ FEE | 410160 | 9337 | 0           | 0          | 6490   |

## Refund(s):

| Amount | Payee | Date | Document Number |
|--------|-------|------|-----------------|
|--------|-------|------|-----------------|

## Water Right Information:

| Basin Number | Sequence Number | Split Suffix | Amount   | Type  |
|--------------|-----------------|--------------|----------|-------|
| 84           | 10457           |              | \$90.00  | Claim |
| 84           | 4162            |              | \$54.00  | Claim |
| 84           | 4161            |              | \$25.00  | Claim |
| 63           | 8196            |              | \$140.00 | Claim |
| 63           | 26877           |              | \$51.00  | Claim |
| 21           | 11971           |              | \$62.00  | Claim |
| 21           | 11972           |              | \$50.00  | Claim |



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

July 21, 1992

Michael Stoy  
Deputy Attorney General  
Department of Health and Welfare  
450 W. State St  
Boise, ID 83720

RE: Snake River Basin Adjudication (SRBA) and Claims to a Water  
Right A84-10457, A84-04162, A63-08196, A27-07084, A63-26877,  
A21-11971, A21-11972 and A84-4161  
Counties of Fremont, Boise, Bingham, Clearwater, Canyon

Dear Mr. Stoy:

I have not received a response from you on my letter dated  
June 16, 1992. I would like to hear from you at your earliest  
convenience, with an idea of when the information might be  
available.

The reason for the above is that our field offices and  
contractors will be working areas well ahead of when directors  
reports are due.

Please feel free to contact me if you should have any  
questions.

Sincerely,

John D. Carlson  
Adjudication Supervisor

JDC:sf:state:tf

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OCT 07 1996



State of Idaho

## DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

CECIL D. ANDRUS  
GOVERNOR

R. KEITH HIGGINSON  
DIRECTOR

June 16, 1992

Michael Stoy  
Deputy Attorney General  
Department of Health and Welfare  
450 W. State St.  
Boise, ID 83720

RE: Snake River Basin Adjudication (SRBA)  
A84-10457, A84-04162, A63-08196, A27-07084, A21-11971,  
A21-11972, A63-26877 and A84-04161  
Freemont, Boise, Bingham, Clearwater & Canyon Counties

Dear Mr. Stoy:

It was a pleasure to have spoken with you by phone on May 6th regarding Community Rehab's claims to a water right listed above. Your thoughts at the time were that it would be best if I put together a letter regarding any questions I might have on these claims so that you could respond accordingly. Richard Humiston's staff was of great help in tracking the monies submitted for these claims. I have enclosed a computer-generated copy of each of the claims referenced above.

I have listed the items which require clarification in sequential order for each claim. If any of the following is not clear, please let me know. The items mentioned are only a suggestion, in that if you have other information which you feel better describes that particular right, please supply it. Along this same line, if the right is filed as a beneficial use right, proof of the priority date will be required in support of the date claimed before it can be recommended.

A84-10457 - Item #7(b), Diversion Volume, and Item #8, Consumptive Use Volume, need attention. IDWR's suggested Field Headgate Required Diversion Volume (FHRD) is 3.5 acre ft./acre per year (afa/yr) or 140 af/yr for 40 acres. The suggested consumptive use volume is 2.5 afa/yr or 100 af/yr for 40 irrigated acres.

A84-04162 - This claim may be fine at this point. I would like to mention that on-stream stockwater and recreation storage does not require a diversion rate (Item #6) unless you are also claiming direct flow. The reason I mention this is the claim submitted for this use previously only has the storage component. You have also placed the same figure of 27.7 ac.ft. in the consumptive use for Item #8. We do not usually assign a

MICROFILMED  
OCT 07 1996

Michael Stoy  
June 16, 1992  
Page 2

consumptive use for range cattle; if you have any documentation for this figure, please submit it.

A63-08196 - Item #8. The consumptive use figure for this area is 3.5 afa/yr, for a total of 210 afa/yr for 60 acres.

A27-07084 - this claim was also submitted by the Administrative Director of State Hospital South to our Eastern Region Office in Idaho Falls, on May 31, 1989. The cover letter submitted along with the claim is signed by Dennis Larsen, Director of Maintenance and Operations and describes the property as leased by Wasia Farms. The filing fee was also paid by Wasia Farms. The only discrepancy I have identified between the two besides the claimant name and mailing address is 38 acres are identified by your office's claim as being in the NESW Sec. 1 T3S R35E. However, on the other claim the 38 acres are in the NWSW Sec. 1, which is the same as what the license was issued for. Please let me know if you would like to withdraw your office's claim, have State Hospital South withdraw their claim or have competing claims for the same right. Copies of both claims are enclosed.

A21-11971 - This claim looks fine.

A21-11972 - A couple of items which you may consider changing or adding are Items #6, Season of Use (we recommend 4/15 to 10/15 for this area) and #7, Recommended FHRD Volume of 3.5 afa or 140 afa/yr for 40 acres.

A63-26877 - Item #2, Date of Priority, needs to be completed. A claim cannot be considered without this element. Item #3, Tributary, will also need to be completed. If the stream is not a direct tributary to another stream, "sinks" may be appropriate. As I understand this claim, the water is diverted from the creek to the pond. If this is the case, Item #6 may be described as Diversion to Storage - .01 cfs, Recreation Storage .172 af. This description would not include a direct flow. If there is a direct flow, you would include Recreation .01 cfs or whatever it may be.

Item #8, Consumptive Use - Please supply further documentation for this amount.

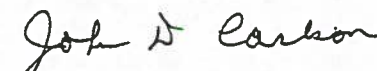
MICROFILMED  
OCT 07 1996

Michael Stoy  
June 16, 1992  
Page 3

A84-04161 - The seven-family residence at the old band mill will be limited to the single ownership domestic definition of 13,000 gal. per day. If this use does not exceed this amount, nothing further is required.

I look forward to working with you to enhance the above claims. Please feel free to contact me if you should have any questions.

Sincerely,

  
John D. Carlson  
Adjudication Supervisor

JDC:sf:state:tf  
Enclosures:

Copies of Data-Entered Claims Referenced Above  
Copy of Typed Claim #A27-07084  
Receipts #T008367 & #T011572

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OCT 07 1996

**M E M O R A N D U M**

**DATE:** 5/6/92  
**TO:** H&W FILES 84-10457, 63-08196, 84-04162, 2707084, 63-, 21, 21-  
**FROM:** JOHN D. CARLSON  
**RE:** DISCREPANCIES ON CLAIMS FOR STATE HOSPITALS N, S, E, W.

I called Michael Stoy this date regarding claims he filed for the dept. of H&W. I mentioned there are a few items which need clarification and that I contacted Mr. Richard Humiston at 334-5581 for confirmation of the transfer of money from H&W to IDWR. He requested that I send him a letter on what I need and he will respond.

**MICROFILMED**  
**OCT 07 1998**

FORM DA-18 Rev. 7-1-77

WHITE - State Auditor  
 GREEN - Paying Agency  
 YELLOW - Billing Agency  
 PINK - Retain in Paying Agency  
 GOLDENROD - Retain in Billing Agency

State of Idaho  
 Office of State Auditor  
**INTER-AGENCY BILL**

AUDITOR USE

Document No.

Pre Audit

Date

FOR AGENCY USE

|               |              |
|---------------|--------------|
| 1102          |              |
| Delivery Date | Billing Date |
|               | 6/13/89      |
| Agency Code   |              |
| 193002        |              |

TO: (Paying Agency)

Health and Welfare  
 Statehouse Mail

FROM: (Billing Agency)

Department of Water Resources  
 Statehouse Mail

## INSTRUCTIONS:

- BILLING AGENCY:** Prepare 5 copies of DA-18. Complete sections A and B and sign. Detach goldenrod copies and forward rest of form to receiving agency. Yellow copy will be returned to you after this transaction has been processed.
- PAYING AGENCY:** Upon receipt of this form, complete section C. Sign, detach pink copy for your files and forward remaining copies to office of State Auditor. Green copy will be returned to you after form has been processed.
- NOTE:** Inter-agency bills may be used only for charges of materials or services from one agency to another. This form may not be used for intra-agency transfers of adjustment.

## A. THIS SECTION CONTAINS THE NAME, PRICE, AND DESCRIPTION OF MATERIALS OR SERVICES SUPPLIED.

| Description                         | Unit | Quantity | Unit Price | Amount |
|-------------------------------------|------|----------|------------|--------|
| Adjudication Fees<br>(SEE ATTACHED) |      |          |            | 47200  |

## B. THIS SECTION PROVIDES FOR AN INTER-AGENCY CREDIT TO THE BILLING AGENCY FOR THOSE ITEMS SHOWN ABOVE.

| Line | Program   | Acct. | Recpt. Class | Amount | For Agency Use |
|------|-----------|-------|--------------|--------|----------------|
| 1    | 04 10 160 | 9337  | 64 90        | 472 00 |                |

## C. THIS SECTION CHARGES THE AMOUNT SHOWN IN SECTION A TO THE PROPER ACCOUNTS INDICATED BELOW.

| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |      | Encumbrance Reference Number: |       |            |            |          |                                                                        |
|-----------------------------------------------------------------|------|-------------------------------|-------|------------|------------|----------|------------------------------------------------------------------------|
| Agency Code                                                     | Line | Program                       | Acct. | Exp. Class | % of Total | Amount   | For Agency Use                                                         |
| 136001                                                          | 1    | 77 32 100                     | 3821  | 81 11      |            | ① 169 00 | 1 <sup>st</sup> 25 <sup>00</sup> , 90 <sup>00</sup> , 54 <sup>00</sup> |
|                                                                 | 2    | 75 31 260                     | 3821  | 81 11      |            | ② 140 00 | 1 <sup>st</sup>                                                        |
|                                                                 | 3    | 75 31 100                     | 3821  | 81 11      |            | ③ 51 00  | 1 <sup>st</sup>                                                        |
|                                                                 | 4    | 36 34 202                     | 3821  | 81 21      |            | ④ 112 00 | 1 <sup>st</sup> 50 <sup>00</sup> , 62 <sup>00</sup>                    |
| TOTAL 100% =                                                    |      |                               |       |            |            | 472 00   |                                                                        |

I hereby certify that the items listed above were furnished to the state agency indicated, and that the amounts billed are proper charges:

Signed

(Authorized Agent of Billing Agency)

Signed

(Authorized Agent of Paying Agency)

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 OCT 07 1996

State hospital North A 84-10457 Received 9/23/88 Beneficial use Data Entered  
Receipted by C002677 Receipt Voided, Funds not received  
Need

Inv. of 40 Ac clarify consumptive use. claimed 8 AF/Ann. should be 106  
Fee \$90

Docket sheet subscription \$750

A. State school and hospital A 63-08196 Received 4/14/89 License Not data entered  
No receipt

Need

Inv. of 60 Ac + Dom. 3 cts No consumptive use listed, should be 210  
Fee \$140<sup>00</sup>

A 84-04162 received 11/23/88 approved extension Beneficial use Not data entered  
No receipt

Need Fee \$54<sup>00</sup>

A 27 07084 Received 5/16/89 Claim enter on computer in diff. than on the  
done on file.

Need. Consumptive use Inv. of 877 Ac x 3.0 AF/Ann. = 831 AF/Ann.  
See 1 Average discharges down 30 in NE SW? should be NW SW  
Fee \$327<sup>00</sup>

A 63 26877 Beneficial use. 7N 7E 16 SWSW

Needs 2. Priority data

3. Tributary

6. On stream? off stream Dive to storage, Recreation storage around

4/14/89

Recreation Storage  
MICROFILMED  
OCT 07 1996

St Anthony A21-11971  
Domestic use ST. Anthony 2/3/89.  
Need fee \$62<sup>00</sup>

St Anthony A21-11972  
Domestic use ST. Anthony 2/3/89  
5/2/89

Need May to Sept.

MICROFILMED  
OCT 07 1998

WHITE - State Auditor  
 BLUE - Purchasing Copy  
 GREEN - Office Distribution  
 YELLOW - Remittance Advice  
 PINK - State Auditor then Agency  
 GOLDENROD - Agency Copy

# EXPENDITURE VOUCHER

AL3-08196

AUDITOR USE

STATE OF IDAHO  
 Office of State Auditor

AGENCY USE

|          |
|----------|
| Date     |
| 04/12/89 |
| Code     |
| 136001   |

**VENDOR:** If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME: DHW/Community Rehabilitation  
 334-5531

|              |      |
|--------------|------|
| Document No. |      |
| Pre-Audit    | Date |
| Warrant No.  |      |

PAY

DEPARTMENT OF WATER RESOURCES  
 1301 North Orchard  
 Statehouse Mail  
 Boise ID 83720

TO

CHECK ONE:

( XX ) MISCELLANEOUS EXPENDITURE

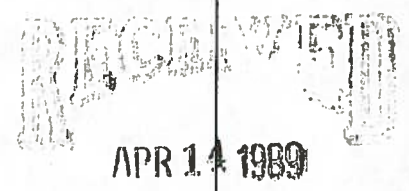
( ) STATE CONTRACT

( ) PURCHASE ORDER

( ) MISCELLANEOUS ENCUMBRANCE REQUISITION

PAYMENT: ( ) PARTIAL ( ) FINAL

Encumbrance Reference No.

| LINE No.                         | PROGRAM   | FUND | ACCT. |     | DESCRIPTION                                                                                                                                                                                                         | LINE AMOUNT | AGENCY USE |
|----------------------------------|-----------|------|-------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|
|                                  |           |      | Maj   | Min |                                                                                                                                                                                                                     |             |            |
| 1                                | 75 31 260 | 3821 | 81    | 11  | Court filing fees in connection with Snake River Basin Water Right Adjudication Act<br><br>ISSH/Domestic/Irrigation<br><br>\$ 50.00 filing fee<br>\$ 60.00 variable irrig<br>\$ 30.00 variable domestic<br>\$140.00 | 140.00      | 1          |
| APPROVED: <i>Jerry L. Harris</i> |           |      |       |     | <br>Department of Water Resources                                                                                              |             |            |
| Jerry L. Harris, Administrator   |           |      |       |     |                                                                                                                                                                                                                     |             |            |
| TOTAL                            |           |      |       |     |                                                                                                                                                                                                                     | \$140.00    |            |

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.

OCT 07 1996

Date

Head of Agency or Institution

State Auditor

## IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Claim Report 63-8196

WATER RIGHT NUMBER: 63-8196

Owner Type

Current Owner

Name and Address

STATE OF IDAHO  
DEPT OF HEALTH & WELFARE  
IDAHO STATE SCHOOL & HOSPITAL  
450 W STATE 10TH FL  
BOISE, ID 83720  
(208)334-5537

Attorney

MICHAEL STOY  
DEPT OF HEALTH & WELFARE  
IDAHO STATE SCHOOL & HOSPITAL  
450 W STATE 10TH FL  
BOISE, ID 83720  
(208)334-5537

Priority Date: 08/28/1975

Basis: License

Status: Active

Source

GROUND WATER

TributaryBeneficial Use

DOMESTIC

IRRIGATION

From To

1/01 to 12/31

5/01 to 10/31

Diversion Rate

0.300 CFS

1,200 CFS

Annual Volume

163.50 AF

270.00 AF

Total Diversion:

1,500 CFS

433.50 AF

Location of Point(s) of Diversion

GROUND WATER

CANYON County

SW1/4NW1/4

Sec. 13, Twp 03N, Rge 02W, B.M.

Place of Use

IRRIGATION

Twp Rge Sec

03N 02W 13

NE

NE

NW

SW

SE

NE

NW

SW

SE

NE

NW

SW

SE

NE

NW

SW

SE

NE

NW

SW

SE

NE

NW

SW

SE

NE

NW

SW

SE

NE

NW

SW

SE

NE

NW

SW

SE

Totals

69.0

Total Acres: 90

DOMESTIC same as IRRIGATION

Conditions of Approval:Remarks:

recommended as claimed &  
licensed amendment  
approved but not licensed  
as approved.

need snowwater remark for 3/11/15

3 wells

need to file transfer for <sup>more</sup> irv acres in sec 14 & in 9E NW 13  
no acc trx - changes occurred > 1997

72

Parcel # R3108200000

DOM use is for the ID State School & Hosp.

SDU remark

3 RODS

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM POD REVIEW REPORT  
ADJUDICATION CLAIM NUMBER: 63-8196

03/21/2006

1

| ater Right # | Type        | Twp | Rge | Sec | QQ | Q  | Lot | Source       | Name           |
|--------------|-------------|-----|-----|-----|----|----|-----|--------------|----------------|
| 63-8196      | Claim       | 03N | 02W | 13  | SW | NW |     | GROUND WATER | STATE OF IDAHO |
| 63-8196      | Water Right | 03N | 02W | 13  | SW | NW |     | GROUND WATER | STATE OF IDAHO |

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM POU REVIEW REPORT  
ADJUDICATION CLAIM NUMBER: 63-8196

02/09/2006

1

| Right # | Type        | Twp | Rge | Sec | QQ | Q  | Lot | Purpose of Use | Acres/Total | Name                          |
|---------|-------------|-----|-----|-----|----|----|-----|----------------|-------------|-------------------------------|
| 8196    | Claim       | 03N | 02W | 13  | NW | NW |     | IRRIGATION     | 25/60       | STATE OF IDAHO                |
| 8196    | Water Right | 03N | 02W | 13  | NW | NW |     | IRRIGATION     | 25/60       | STATE OF IDAHO                |
| 8196    | Claim       | 03N | 02W | 13  | SW | NW |     | IRRIGATION     | 35/60       | STATE OF IDAHO                |
| 10400   | Claim       | 03N | 02W | 13  | SW | NW |     | IRRIGATION     | 3/27        | PACIFIC PRESS PUBLISHING ASSN |
| 8196    | Water Right | 03N | 02W | 13  | SW | NW |     | IRRIGATION     | 35/60       | STATE OF IDAHO                |

## IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report 63-8196

WATER RIGHT NUMBER: 63-8196

| <u>Owner Type</u> | <u>Name and Address</u>                                                                                     |
|-------------------|-------------------------------------------------------------------------------------------------------------|
| Current Owner     | STATE OF IDAHO<br>DEPT OF HEALTH & WELFARE<br>IDAHO STATE SCHOOL & HOSPITAL<br>PO BOX 47<br>NAMPA, ID 83651 |

Priority Date: 08/28/1975

Basis: License

Status: Active

| <u>Source</u> | <u>Tributary</u> |
|---------------|------------------|
| GROUND WATER  |                  |

| <u>Beneficial Use</u>   | <u>From To</u> | <u>Diversion Rate</u> | <u>Annual Volume</u> |
|-------------------------|----------------|-----------------------|----------------------|
| IRRIGATION              | 5/01 to 10/31  | 1.200 CFS             | 270.00 AF            |
| DOMESTIC                | 1/01 to 12/31  | 0.300 CFS             | 163.50 AF            |
| <u>Total Diversion:</u> |                | 1.500 CFS             | 433.50 AF            |

Location of Point(s) of Diversion

|               |            |                                 |
|---------------|------------|---------------------------------|
| GROUND WATER  | SW1/4NW1/4 | Sec. 13, Twp 03N, Rge 02W, B.M. |
| CANYON County |            |                                 |

Place of Use

IRRIGATION

| Twp | Rge | Sec | NE |    |    |    | NW |      |      |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|------|------|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW   | SW   | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 03N | 02W | 13  |    |    |    |    |    | 25.0 | 35.0 |    |    |    |    |    |    |    |    |    | 60.0   |

Total Acres: 60

DOMESTIC same as IRRIGATIONConditions of Approval:Remarks:Comments:

State of Idaho  
Department of Water Resources

**WATER RIGHT LICENSE**

License of Water Right No. 63-8196 Priority August 28, 1975 Amount 1.50 cfs

THIS IS TO CERTIFY, that Department of Health and Welfare  
of Nampa, Idaho Idaho State School and Hospital, has complied with the terms and conditions of Permit  
No. 63-8196 issued pursuant to Application for Permit dated August 28, 1975,  
and has submitted proof to the Department of Water Resources on October 21, 1977,  
that he has applied water to a beneficial use; an examination by the Department indicates that the works have a  
capacity for the diversion of 2.25 cfs of water from a groundwater source,  
tributary to \_\_\_\_\_, and that the permit holder has applied to a beneficial use and  
established a right to use water as follows:

| Beneficial Use         | Period of Use                               | Rate of Diversion      | Annual Volume          |
|------------------------|---------------------------------------------|------------------------|------------------------|
| <u>Irrigation</u>      | from <u>May 1</u> to <u>October 31</u>      | at <u>1.20</u> cfs and | <u>270.0</u> acre feet |
| <u>Domestic</u>        | from <u>January 1</u> to <u>December 31</u> | at <u>0.30</u> cfs and | <u>163.5</u> acre feet |
|                        | from _____ to _____                         | at _____ cfs and       |                        |
| (both dates inclusive) |                                             |                        |                        |

Subject, however, to the condition that no more than 1.50 cfs of water be diverted at any one time, and  
that the amount of water so diverted and to which such right is entitled and confirmed is for the purpose  
aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed  
433.5 acre feet per year, said waters to be diverted within the SW $\frac{1}{4}$ NW $\frac{1}{4}$ , Section 13, Twp. 3N,  
Rge. 2W in the County of Canyon

Description and location of place of use:

| Twp. | Range | Sec. | NE $\frac{1}{4}$ |                  |                  |                  | NW $\frac{1}{4}$ |                  |                  |                  | SW $\frac{1}{4}$ |                  |                  |                  | SE $\frac{1}{4}$ |                  |                  |                  | Totals |
|------|-------|------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|
|      |       |      | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ | NE $\frac{1}{4}$ | NW $\frac{1}{4}$ | SW $\frac{1}{4}$ | SE $\frac{1}{4}$ |        |
| 3N   | 2W    | 13   |                  |                  |                  |                  | 25               | 35               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 60     |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|      |       |      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |

Total number of acres irrigated 60

Domestic use is Idaho State School and Hospital.

NOTE: Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use herein described, as provided by the laws of Idaho.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this 22 day of  
October, 19 81.

Director

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 29 1981

Licensing  
APPLICATION FOR AMENDMENT OF A PERMIT

To change the point of diversion and/or the place of use.

Comes now Department of Health & Welfare, Idaho State School & Hospital  
of (address) P.O. Box 47, Nampa, Idaho 83651, and represents to the  
Director of the Idaho Department of Water Resources:

That he is the owner and holder of Permit to appropriate the Public Waters of the State of Idaho  
No. 63-8196, and requests that the permit and permit map be changed as follows:

1. Point of diversion: NO CHANGE 1/4 1/4, Section           , Township           , Range           , B.M.,  
County of           . Other points of diversion:           

2. Period and nature of use: (irrigation, domestic, stockwatering, industrial, etc.)

NO CHANGE  
Amount            for            purposes from            to            (both dates inclusive)  
(cfs or acre feet per annum)  
Amount            for            purposes from            to            (both dates inclusive)  
(cfs or acre feet per annum)  
Amount            for            purposes from            to            (both dates inclusive)  
(cfs or acre feet per annum)  
Amount            for            purposes from            to            (both dates inclusive)  
(cfs or acre feet per annum)

3. Place of use or land to be irrigated:

| 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 |        |
| 3N  | 2W  | 13  |        |        |        |        | 8      | 25     | 35     | 1      |        |        |        |        |        |        |        |        | 69     |
|     |     | 14  | 2      |        |        | 1      |        |        |        |        |        |        |        |        |        |        |        |        | 3      |
|     |     |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |     |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |     |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|     |     |     |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Total number of acres to be irrigated = 72

4. a. Who owns the property at the point of diversion? STATE OF IDAHO  
b. Who owns the land to be irrigated or the place of use? STATE OF IDAHO  
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing:

MICROFILMED

[illegible]

Charge will be made at permit holder's own risk.  
 Date of July, 1981.  
 X John P. Voner Asst.  
 (Signature) Administrator

October 19 81  
Director

RECEIVED

RECEIVED

AUG 21 1975

Department of Water Resources

Identification No. \_\_\_\_\_

Application No. 63-8196

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

APPROVED

To Appropriate the Public Waters of the State of Idaho  
(TYPE OR PRINT IN INK)

Department of Health and Welfare

1. Name of applicant Idaho State School and Hospital Phone: 466-9255  
post office address P. O. Box 47, Nampa, Idaho 83651

2. Source of water supply Groundwater which is a tributary of \_\_\_\_\_

3. a. Location of point of diversion is SW  $\frac{1}{4}$  of NW  $\frac{1}{4}$  of Section 13 Township 3 N  
Range 2 W B.M. Canyon County; additional points of diversion if any: three existing wells approximately 1/4 mile North of proposed well location

b. If water is not consumed, it will be discharged into \_\_\_\_\_ at a point in \_\_\_\_\_  $\frac{1}{4}$   
of \_\_\_\_\_  $\frac{1}{4}$  of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ B.M. \_\_\_\_\_

4. Water will be used for the following purposes:

Amount 0.3 for domestic purpose from January 1 to December 31 (both dates inclusive)  
(cfs or acre-feet per annum)

Amount 1.4 for irrigation purpose from May 1 to October 31 (both dates inclusive)  
(cfs or acre-feet per annum)

Amount \_\_\_\_\_ for \_\_\_\_\_ purpose from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)

5. Total quantity to be appropriated:

a. 1.7 cubic feet per second and/or

b. \_\_\_\_\_ acre feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. 500' well, vertical turbine pump,  
pump and motor controls, flow metering, 100 hp motor, pumphouse

b. Height of storage dam \_\_\_\_\_ feet, active reservoir capacity \_\_\_\_\_ acre feet; total reservoir  
capacity \_\_\_\_\_ acre feet, materials used in storage dam: \_\_\_\_\_

Period of year during which storage will occur \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
(Mo. Day) (Mo. Day)

c. Proposed well diameter is 12 inches; proposed depth of well is 500 feet.

7. a. Time required for the completion of the works and application of the water to the proposed beneficial use  
is 1/2 years.

b. Estimated construction cost is \$ 50,000.00.

8. Description of proposed uses:

a. If water is **not** for irrigation: NW 1/4 &

(1) Give the place of use of water: SW  $\frac{1}{4}$  of NW  $\frac{1}{4}$  of Section 13 Township 3 N  
Range 2 W B.M.

(2) Amount of power to be generated: \_\_\_\_\_ hp under \_\_\_\_\_ feet of head.

(3) List number of each kind of livestock to be watered \_\_\_\_\_

(4) Name of municipality to be served \_\_\_\_\_, or number of families to be  
supplied with domestic water \_\_\_\_\_.

(5) If water is to be used for other purposes describe: for domestic and irrigation purposes at the Idaho State School and Hospital

MICROFILMED

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

| TWP. | RANGE | 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 |        |
| 3 N  | 2 W   | 13   |        |        |        |        |        | 40     | 40     |        |        |        |        |        |        |        |        |        | 80     |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Total number of acres to be irrigated 80

c. Describe any other water rights used for the same purposes as described above.

three existing wells, two of which are to be placed on emergency standby.

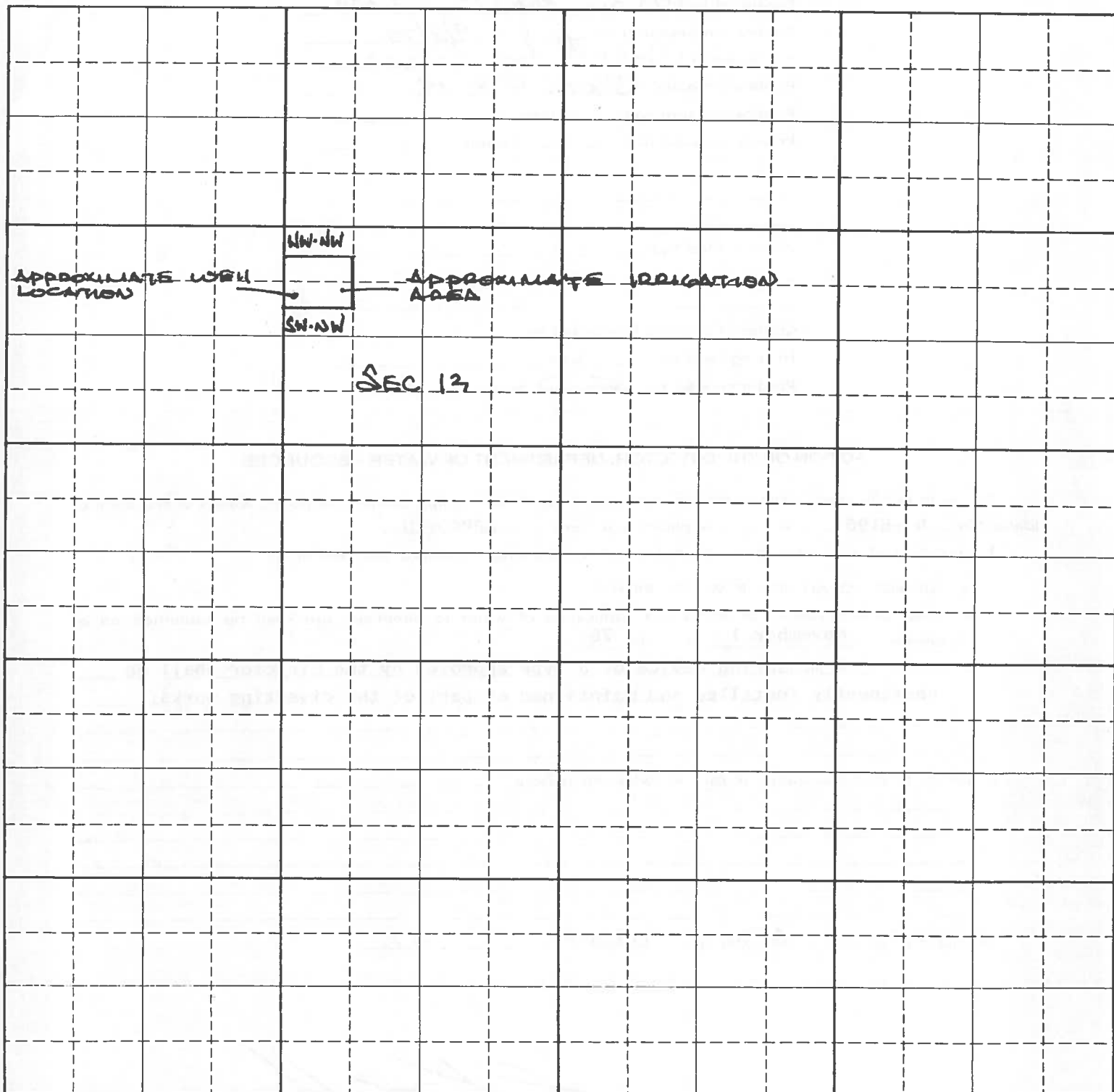
9. a. Who owns the property at the point of diversion Department of Health and Welfare  
Idaho State School and Hospital

b. Who owns the land to be irrigated or place of use same as above

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing \_\_\_\_\_

10. Remarks \_\_\_\_\_

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

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.

*Robert Gordon*

(Applicant) Fiscal Officer  
Idaho State School & Hospital

Proposed Priority 8-28-1975

mt 8-28-75 8:15am  
Received by OK Date 8-21-75 Time 8:45am  
Preliminary check by WV Fee \$ 35.00  
Received by C/S Date 8/28/75 # 1288  
Publication prepared by yg Date 9/4/75  
Published in Idaho Free Press  
Publication dates Sept. 11 & 18  
Publication approved \_\_\_\_\_ Date \_\_\_\_\_  
Priority reduced to \_\_\_\_\_ Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Protests filed by: \_\_\_\_\_  
\_\_\_\_\_  
Copies of protests forwarded by \_\_\_\_\_  
Hearing held by \_\_\_\_\_ Date \_\_\_\_\_  
Recommended for approval denial by ju

#### ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 63-8196, and said application is hereby APPROVED.

1. Approval of said application is subject to the following limitations and conditions:

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before November 1, 19 76.
- c. Other: A measuring device of a type approved by the Director shall be permanently installed and maintained as part of the diverting works.

2. Denial of said application is for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness my hand this 6 day of October, 19 75.

  
Director

DEPARTMENT OF WATER RESOURCES  
FIELD REPORT

1. Name of permit holder Dept. of Health & Welfare, State School & Hospital  
 Post office address P. O. Box 47, Nampa, ID 83651 Phone \_\_\_\_\_  
 Person to contact Robert London, Jr. Phone 466-925

2. Source of water supply: Groundwater ☒ Surface water ☐ \_\_\_\_\_ (name spring, stream, etc.)  
Tributary to \_\_\_\_\_

3. Water will be used for the following purposes:

Amount 0.03 <sup>30</sup> c.f.s. for Domestic (state school and hospital) 1977  
           AF/Annum (nature of use)

Period of Use: from Jan. 1 to Dec. 31  
(mo.-day) inclusive (mo.-day)

Amount 1.40 c.f.s. for Irrig.  
           AF/Annum (nature of use)

Period of Use: from May 1 to Oct. 31  
(mo.-day) inclusive (mo.-day)

Amount \_\_\_\_\_ c.f.s. for \_\_\_\_\_  
 \_\_\_\_\_ AF/Annum (nature of use)

Period of Use: from \_\_\_\_\_ to \_\_\_\_\_  
(mo.-day) inclusive (mo.-day)

Other uses: \_\_\_\_\_

4. Total amount to be appropriated:

Max Rate of Diversion 170 cubic feet per second and annual volume \_\_\_\_\_ AF/Annum.

**5. Location of Point(s) of Diversion:**

Township 3N N/S, Range 2W E/W, B.M., Section 13, Subdivision SW  $\frac{1}{4}$  NW  $\frac{1}{4}$ , Canyon

Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W, B.M., Section \_\_\_\_\_, Subdivision \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_

County

Township\_\_\_\_\_N/S, Range\_\_\_\_\_E/W, B.M., Section\_\_\_\_\_, Subdivision\_\_\_\_\_1/4\_\_\_\_\_1/4, \_\_\_\_\_

Other Points of Diversions: \_\_\_\_\_

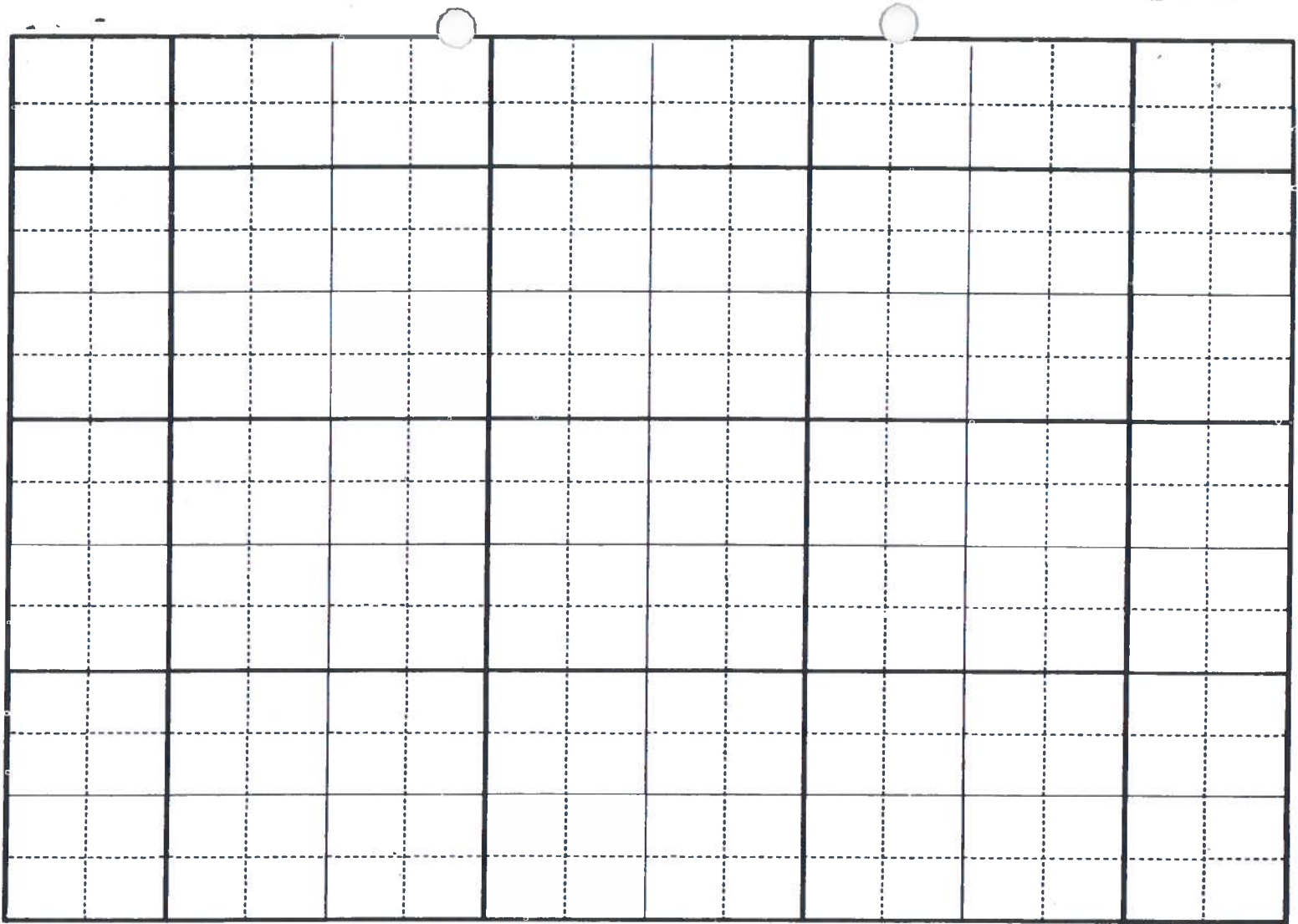
Description of diverting works: 1000 gpm pump, 100 hp motor, 12" casing, 500' deep well

Measuring device required: yes ☒ no ☐

6. Lands to be irrigated or place of use.

[illegible]**TOTAL ACREAGE**

80



**Diagram of System**

DATE OF EXAM 9/20/80

ACREAGE  
Found 73 ✓  
Recommended 73 ✓

Irrigation Requirement \_\_\_\_\_ Ac Ft/Ac

USE

Irrigation Q = 1.40 c.f.s.  
Domestic Q = 0.30 c.f.s.  
Livestock Q = \_\_\_\_\_ c.f.s.

V = 324  
V = 163.5  
V = 163.5

AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_  
AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_  
AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_

**TOTAL** 1.70 487.5

Is water co-mingled? yes \_\_\_\_\_ no \_\_\_\_\_

Name source: \_\_\_\_\_  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_

Exchange? yes \_\_\_\_\_ no \_\_\_\_\_

Name source exchanged with: \_\_\_\_\_  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_

Point of injection: \_\_\_\_\_  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_

Point of exchange: \_\_\_\_\_  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_

Total Q measured 2.25 cfs Method of measurement Badger Meter

Total Q recommended 1.70 Meter No. \_\_\_\_\_ Type Badger Condition Good

Total V recommended 488 acre feet/year

Recommended Amendments:

P.O. \_\_\_\_\_

Place of Use NW 1/4 NW 1/4 (25 AC), NENE (8 AC), SE NW (1 AC), SW NW (2.5 AC), Sec. 13, NENE (2 AC), SE NE (1 AC), Sec. 14.  
Other \_\_\_\_\_  
None \_\_\_\_\_

MEASUREMENT CALCULATION:

2.25 capacity ALLOW 1.4 cfs AS PER permit  
1100 gpm or 2.25 cfs  
22 ac x 4.5 = 99 gal/hr  
365 patients x 400 gal (Water Users Handbook) = 146,000 gal  
146,000 x 365 = 53,290,000 gal/year ÷ 335,830 = 163.5 acre feet per year  
163.5 x .30 x 365 x 1.98 = 316.8 ALLOW .3 cfs permit for Domestic

SYSTEM DESCRIPTION:

Electric pump 12,220/8, 100 hp 3 phase  
C9981-00-685 U.S. Elec. Motor (HIGH THRUST)  
Pumped to water tower w/ some times diverted  
along the way depending upon the demand.  
Water used from water tower by gravity flow.  
365 patients & 400 employees - no more than 1800 during

REMARKS:

In using 365 patients, I assumed the Water Users  
Handbook has included employees in its figures  
the gallons per day for each bed (hospital) therefore  
the employees were not figured separately & the highest  
gallon per day figure was used.

Examiner's Signature Jan Grover

Date 10/14/80

Checked by DRS

Date 11/11/80

Approved by [Signature]

Date 5/21/81

NO OVERLAP ON RECORD

J.J 10/16/81

