

05/18/2005

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

RIGHT NUMBER: 27-2155

NAME AND ADDRESS: CITY OF SHELLEY
101 S EMERSON AVE
SHELLEY ID 83274

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 4.900 CFS
3,546.600 AFY

PRIORITY DATE: 04/14/1967

POINT OF DIVERSION:

T01N R37E S29 NESWSE Within BINGHAM County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE
MUNICIPAL

PERIOD OF USE
01/01 12/31

QUANTITY
4.900 CFS
3,546.60 AFY

PLACE OF USE:

Place of use is within the service area of the City of Shelley municipal water supply system as provided for under Idaho Law.

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: License

05/02/2005

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MUNICIPAL

PERIOD OF USE
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QUANTITY
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3,546.60 AFY

PLACE OF USE:

124

~~The boundary encompassing the place of use for this water right is described with a digital boundary as defined by I.C. Section 42-202B(2) and authorized pursuant to I.C. Section 42-1411(2)(h). The data comprising the digital boundary are incorporated herein by reference and are stored on a CD-ROM disk issued in duplicate originals on file with the SRBA District Court and the Idaho Department of Water Resources. A map depicting the place of use is attached hereto to illustrate the place of use described by the digital boundary.~~

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.

~~THE CITY OF SHELLEY PROVIDES WATER TO CITY RESIDENTS.
PLACE OF USE IS WITHIN THE CITY OF SHELLEY.~~

EXPLANATORY MATERIAL: License



STATE OF IDAHO

Department of Water Resources

Eastern Region



Water Right(s) 27-2155



0.3 0 0.3 0.6 Miles

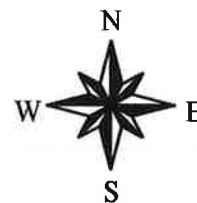
LEGEND

- ⊙ Point of Diversion
- Place of Use
- Townships
- Sections
- Quarter-Quarters

Place of Use: T1N, R37E:
(part of) Sec. 28, 29, 32.

Point(s) of Diversion: T1N, R37E:
Sec. 29, NESWSE.

MUNICIPAL



GIS Place of Use Illustration
1987/88 NAPP Photography
Prepared by: B. Payne
Date: May 2005.

05/18/2005

**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:

Water right number: 27-2155

CITY OF SHELLEY
101 S EMERSON AVE
SHELLEY ID 83274
Telephone Number: (208)357-3390

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

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

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

☒ I AGREE with this proposed recommendation; no changes need to be made.

DATE: 7-27-05 SIGNATURE: *Eric R. Christensen*
Please print your name: Eric R. Christensen

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161



SCANNED
AUG 12 2005

Handwritten: Kay 8/8

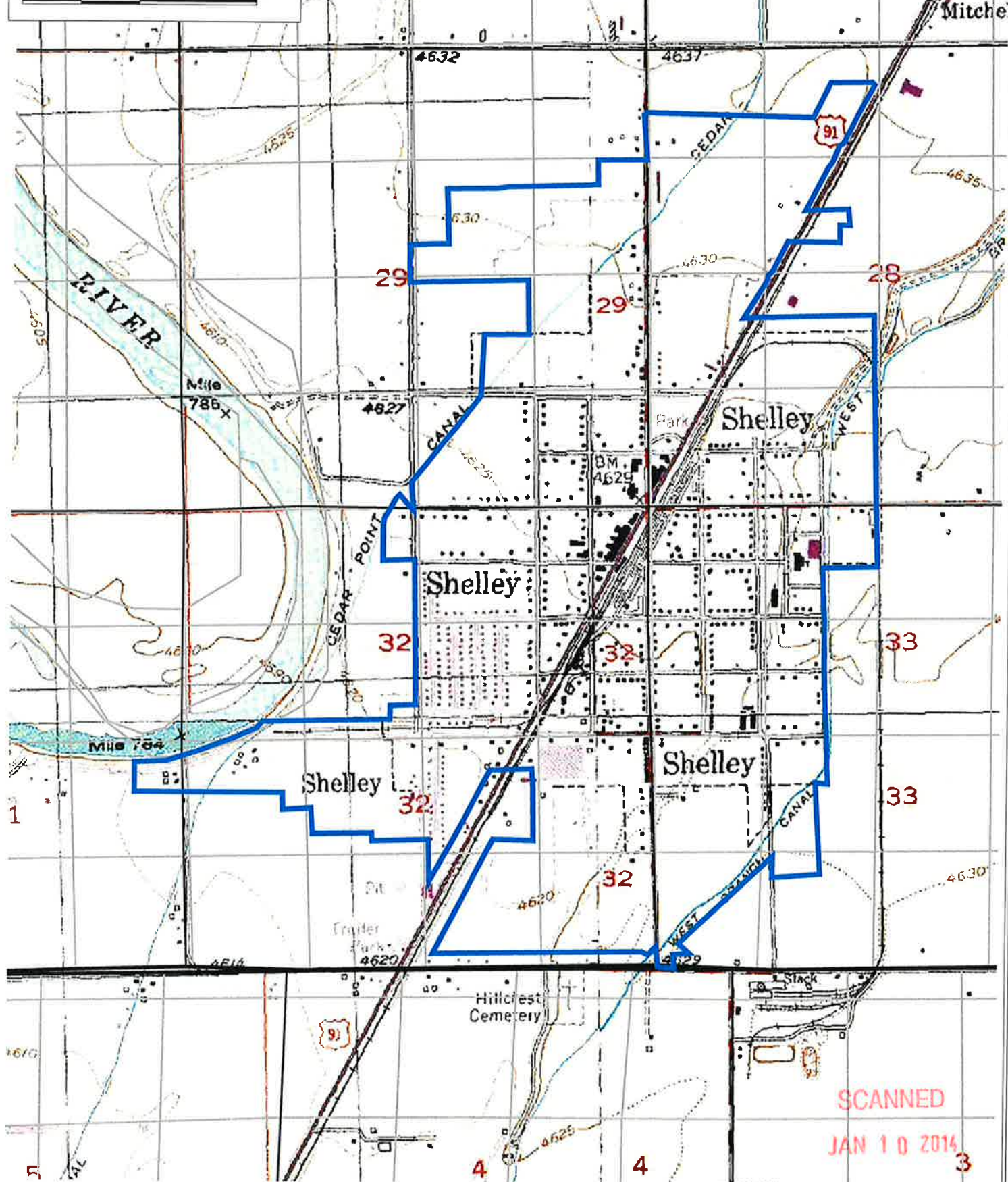
City of Shelley

-  Municipal Use Boundary
-  Township
-  Section
-  Quarter

24K Quad Imagery
Date: August 6, 2002



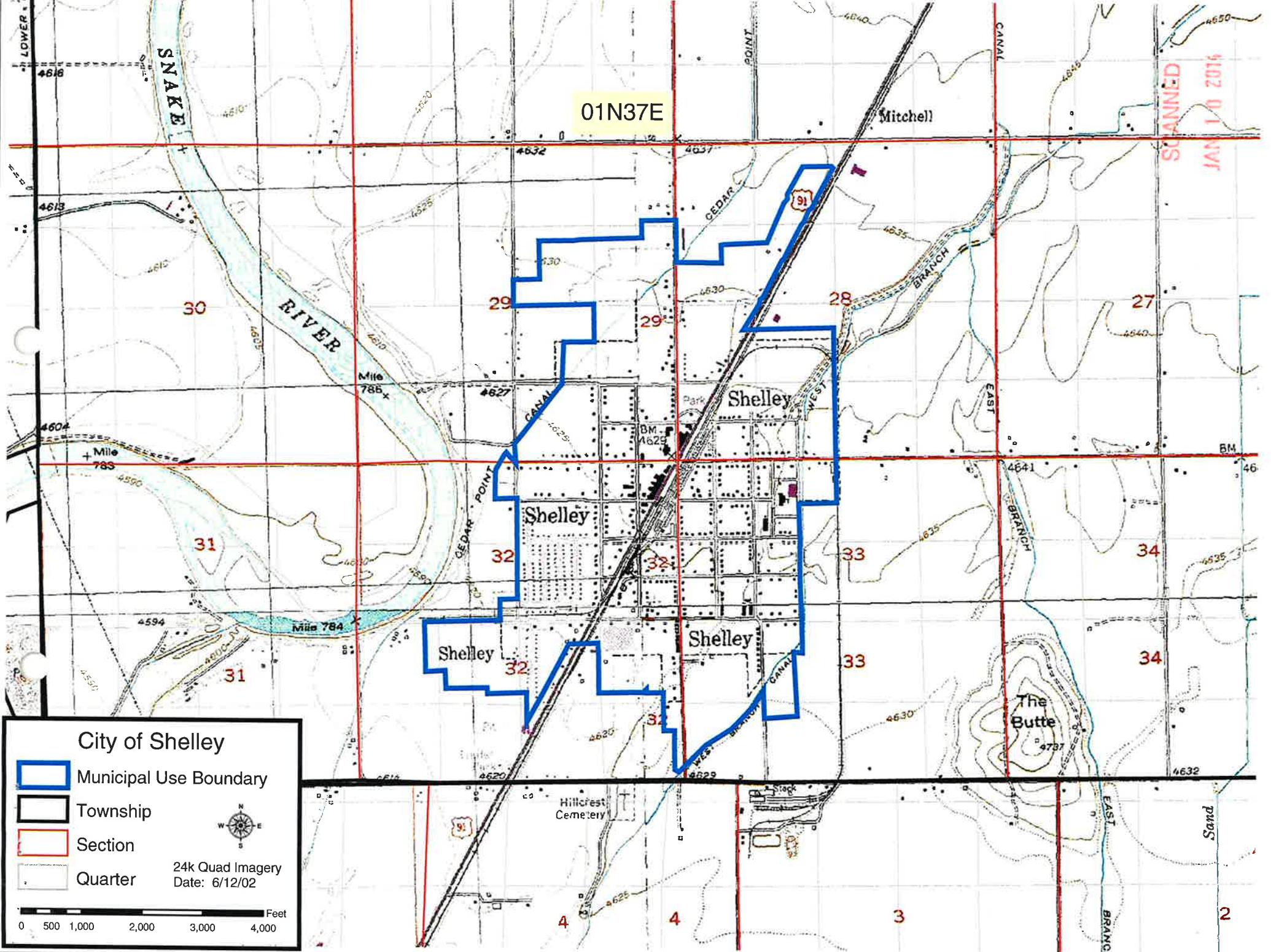
1000 0 1000 Feet



SCANNED

JAN 10 2014

27-2155



01N37E

SCANNED
JAN 10 2016

City of Shelley

Municipal Use Boundary

Township

Section

Quarter

24k Quad Imagery

Date: 6/12/02

Feet

0 500 1,000 2,000 3,000 4,000

SCANNED
JAN 10 2016



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

RECEIVED
MAR 05 1990

Department of Water Resources

February 22, 1990

City of Shelley
C/O ~~Earl Barsanti~~ FRANK Butler
214 So. Emerson
Shelley, ID 83274

Gentlemen:

Our records show you have filed your adjudication claim(s) in the Snake River Basin Adjudication. Our records do not, however, include a clear map of your service area. Would it be possible for us to get a map of your customer service area for your municipal water system, both to supplement the record of your claim(s) and for use as described below?

In our review and investigation phase of the Snake River Basin Adjudication, the map would be helpful for us to have this information in verifying individual claims to water rights for domestic purposes. We will be happy to discuss with you the most convenient way for you to provide this information to us. I can be reached at 327-7931 or you may contact my assistant, Anita Warntjes at 327-7986.

Your assistance in this matter is greatly appreciated.

Sincerely,


DAVID B. SHAW

Adjudication Bureau Chief

DBS:alw

*The area marked in blue is currently
our municipal water system. If you need
add'l info please let us know.*

SCANNED

JAN 10 2014



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

July 3, 2002

MS SANDY GAYDUSEK
CITY TREASURER
CITY OF SHELLEY
101 S EMERSON AVE
SHELLEY ID 83274

Dear Ms. Gaydusek:

Enclosed you will find a map outlining what we are proposing to be the boundary for your city's water right. Our determination is based on the map filed with your adjudication claim. We also reviewed the city limit boundary collected for the latest census study.

Please review the map and if you have changes, please mark the changes on the map and return the map to us at:

Anita Warntjes
Idaho Department of Water Resources
1301 N Orchard St
Boise, ID 83706

If you have any questions, please call Mark Larson at 327-7998, Anita Warntjes at 327-7896 or leave a message for a call back on our toll free line 1-800-451-4129.

If we do not hear from you within 30 days from the date of this letter, we will assume the water right boundary is correct and will recommend it as your water right to the court.

Sincerely,

Anita L. Warntjes
Grants/Contract Specialist

ALW
Enc.

Notes

4/29/05 Use City of Shelby Boundary for PM.
Link POD.

5/2/05 Recommendation Complete. CB

Notes

Claim A27-02155

1/ Exam date 10-9-2003 - Accompanied by
Rick Anderson, Public Works Director.

2/ This is well #3 - Has existing DBQ
Public Drinking Water GPS tag # E00007284
Has a 250 hp motor

3/ GPS data 0651658 File # 2155
0255417

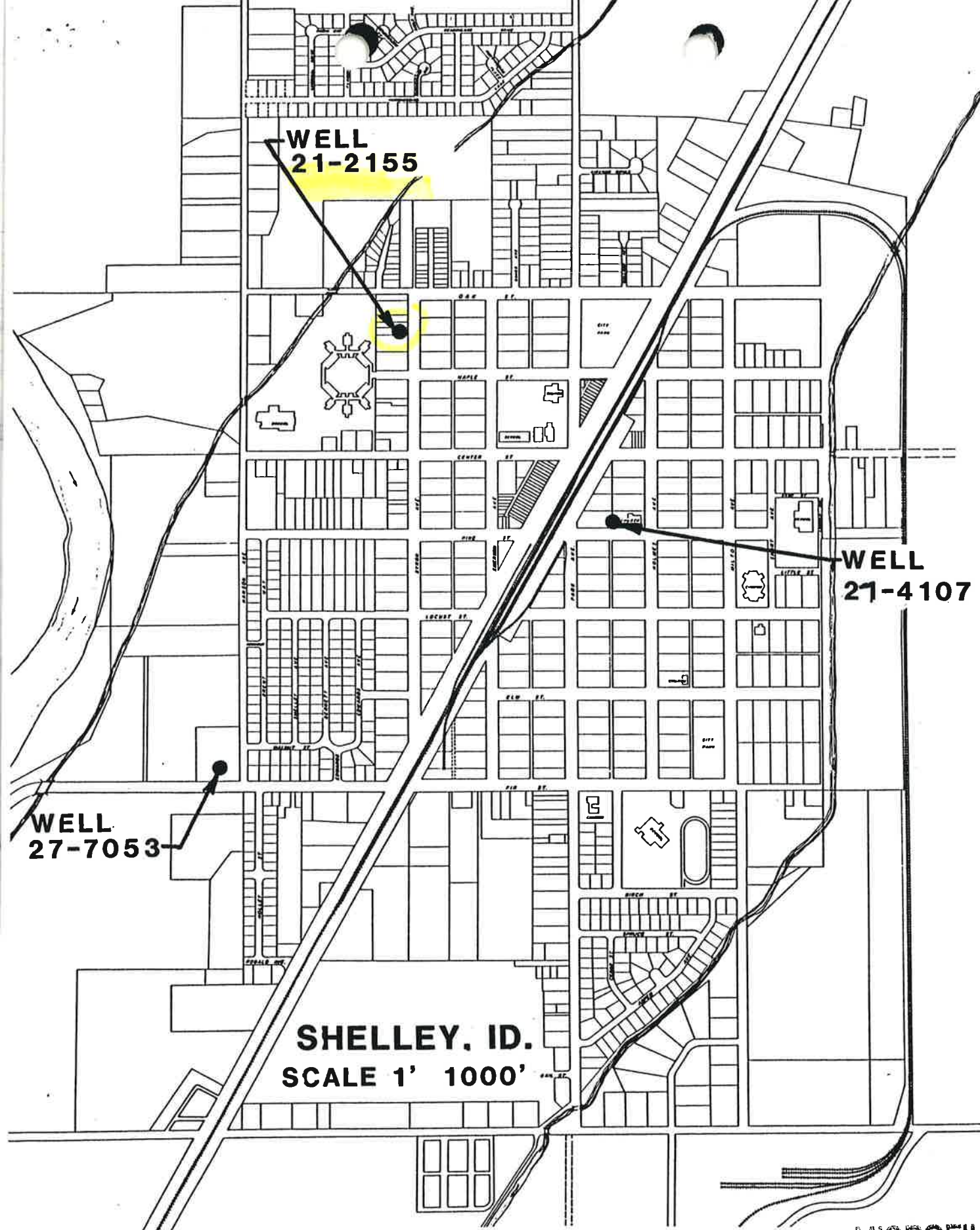
4/ Photos looking west

5/ Need to upgrade claim to 4.90 cfs as
per license 27-02155.

Notes

Claim A27-02155





MICROFILMED
NOV 12 1992

Last Name Shelley Ident No. 27-7420

Copies: White-State, Yellow-Claimant

Notes

7/8/03 27-2155 City of Shelley
reviewed by Cindy Bird.

Verify that the diversion rate is 4.9 cfs.
as filed on the claim. Also, make sure
the diversion volume is 3546.6 AFA.

Otherwise, the other components of the
claim match the license.

-add JO3 POU Remark for POU within
the service area of the City of Shelley.

C18 Gen. Cond.

* Change cfs to 4.90 cfs

Well #3 DZG GPS Tag # E00007284
250 Hp

GPS Data 0651658 File # 2155
0255417

Photo's 1+2 looking east

04/03/2002

Contacts Data Entry Form

Owner Type _____ Full Name _____ Address _____ City _____ State _____ Zip _____ Phone _____

Current Owner: As per claim

Name connector: and _____, or _____, and/or _____

Current Owner _____

Current Owner _____

Representing Attorney: _____

Phone Number: _____

Accompanied By: Rick Anderson

Phone Number: 357-1991

Relationship to Claimant: Public Works Director

Date of Field Exam: 10-10-2003

Time: _____

Directions to Property (if different from above) and/or update owner information:

Reviewer: _____

Date: _____

Contacts Data Entry Form

Priority Date Data Entry Form

Claim Number: _____

Water Right Priority Date: 4-14-1967

Water Right Basis: Lease

Claimed Priority Date: 4-14-1961

Claimed Basis: _____

Recommended Priority Date: 4-14-1967

Recommended Basis _____

 Use Claimed Priority Date and Basis as Recommended Priority Date and Basis

Document the evidence submitted/reviewed for the priority date claimed, include your analysis of the evidence:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

Reviewer: _____

Date: _____

Priority Date Data Entry Form

Priority Date

Claim No. _____

1. Should this water use have been included in a later court decree of the water rights from this source? Yes () No ()
If Yes, go to 2
If No, go to 4
2. Was the owner or the owner's predecessor in interest of the place of use joined in the later decree? Yes () No ()
If Yes, go to 3a
If No, go to 4
- 3a. Is the date the decree was entered after the date a permit is required for the source and the water use? Yes () No ()
If Yes, consult the attorney assigned to the Basin. Go to 3b
If No, go to 4
- 3b. Do the facts support disallowing the claim, or recommending the claim as an enlargement or an expansion? Yes () No ()
If Yes, go to 11
If No, go to 4
4. Is the basis of claim a decree or license? Yes () No ()
If Yes, go to 5
If No, go to 7
5. Does the decree or license have a Priority Date? Yes () No ()
If Yes, go to 6
If No, Consult the attorney assigned to the Basin, go to 15
6. Did the Claimant claim the decreed or licensed Priority Date? Yes () No ()
If Yes, recommend the Priority Date claimed. If questions 1. and 2. were both answered yes, consult attorney. Go to 15
If No, Obtain an amended claim if necessary. If questions 1. and 2. were both answered yes, consult attorney. Go to 15
7. Is the basis of claim a Permit or Application? Yes () No ()
If Yes, go to 10e
If No, go to 8
8. Is the basis of claim a posted notice? Yes () No ()
If Yes, consult the attorney assigned to the Basin, go to 15
If No, go to 9
9. Is the Priority Date claimed after the date a permit is required for the source and the water use? Yes () No ()
If Yes, go to 11
If No, go to 12
- 10e. Will the license be issued prior to filing the Director's Report? Yes () No ()
If Yes, recommend the Priority Date shown on the license, go to 15
If No, recommend the Priority Date shown on the Permit. All other elements should be recommended as shown on the Permit. Add Condition Code A01 to the Recommendation, go to 15
11. Is the claim for an expansion or enlargement under 42-1416B or 42-1426? Yes () No ()
If Yes, go to 12
If No, disallow with condition P01.
12. Does the claim file contain sufficient evidence of Priority Date? Yes () No ()
If Yes, recommend the date supported by the evidence submitted, go to 15
If No, Request additional evidence of Priority Date, go to 13
13. Has additional evidence of priority date been submitted? Yes () No ()
If Yes, recommend the date supported by the evidence submitted, go to 15
If No, recommend a Priority Date based on available evidence if possible. If some of the claimed water uses can be recommended with the Priority Date supported by the evidence, then do so, go to 14
14. Can any portion of the claim be recommended as a valid water right? Yes () No ()
If Yes, go to 15
If No, disallow with condition P01.
15. Is the basis of claim coded correctly? Yes () No ()
If Yes, go to 16
If No, Enter the appropriate basis of claim.
16. Is a Priority Date remark and/or condition required? Yes () No ()
If Yes, Enter the appropriate basis of claim. Priority Date review is complete
If No, Priority Date review is complete.

Priority Date

Point of Diversion and Source Data Entry Form

Claim Number: _____

Water Right Point of Diversion: T____, R____, Sec. _____, _____, _____, _____, County: _____

Source: _____ Tributary: _____

Claimed Point of Diversion: T____, R____, Sec. _____, _____, _____, _____, County: _____

Source: _____ Tributary: _____

Recommended Point of Diversion: T____, R____, Sec. _____, _____, _____, _____, County: _____

Source: _____ Tributary: _____

☐ Use Claimed POD and Source as Recommended POD and Source

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source
				0651658	Dinham	Groundwater
GPS Coordinates:				0255417		
GPS Coordinates:						
GPS Coordinates:						
GPS Coordinates:						
GPS Coordinates:						

Other rights from this POD? NA

Document how the POD and Source were verified and/or Pump and Motor data:

GPS & on-site

Transfers Changing POD _____

Reviewer: _____

Date: _____

Point of Diversion and Source Data Entry Form

Point of Diversion

Claim No.

1. Is the basis of claim a Decree or License?
If Yes, go to 4
If No, go to 2
Yes () No ()
2. Is the basis of claim a Permit or Application?
If Yes, go to 3
If No, go to 6
Yes () No ()
3. Has the License been issued?
If Yes, go to 5
If No, recommend the POD as shown on the Permit. Go to 10
Yes () No ()
4. Does the parent right have a POD?
If Yes, go to 5
If No, go to 6
Yes () No ()
5. Can the claimed POD be verified using the water right file?
If Yes, recommend the POD as shown in the water right file. Go to 10
If No, go to 6
Yes () No ()
6. Is there evidence that there has been a change in the POD?
If Yes, go to 7
If No, go to 9
Yes () No ()
7. Can the change be verified as an accomplished transfer?
If Yes, add condition C03, go to 9
If No, Notify claimant that a transfer is necessary before the claimed POD can be recommended. Go to 8
Yes () No ()
8. Was a transfer filed?
If Yes, recommend the POD as shown on the approved transfer. Go to 10
If No, go to 9
Yes () No ()
9. Does the file contain all of the necessary information to verify the POD?
If Yes, recommend the POD as it existed on 11-19-1987. Describe how the POD was verified. Go to 10
If No, collect the necessary information. Conduct field exam if necessary. Recommend the POD as it existed on 11-19-1987. Go to 10
Yes () No ()
10. Is a POD remark and/or condition required?
If Yes, enter the appropriate remark and/or condition. POD review is complete
If No, POD review is complete.
Yes () No ()

Point of Diversion

Source

Claim No. _____

1. Is the basis of claim a Decree or License?
If Yes, go to 4
If No, go to 2
Yes () No ()
2. Is the basis of claim a Permit or Application?
If Yes, go to 3
If No, go to 6
Yes () No ()
3. Has the License been issued?
If Yes, go to 5
If No, recommend the Source as shown on the Permit. Go to 11
Yes () No ()
4. Does the parent right have a Source?
If Yes, go to 5
If No, go to 7
Yes () No ()
5. Can the claimed Source be verified using the water right file?
If Yes, recommend the Source as shown in the water right file. Go to 11
If No, go to 7
Yes () No ()
6. Is the basis of claim a Posted Notice?
If Yes, consult the attorney assigned to the basin. Go to 7
If No, go to 7
Yes () No ()
7. Is there evidence that there has been a change in the Source?
If Yes, go to 8
If No, go to 10
Yes () No ()
8. Can the change be verified as an accomplished transfer?
If Yes, add condition C02, go to 10
If No, Notify claimant that a transfer is necessary before the claimed Source can be recommended. Go to 9
Yes () No ()
9. Did the claimant file a transfer?
If Yes, recommend the Source as shown in the transfer. Go to 11
If No, go to 10
Yes () No ()
10. Does the file contain all of the necessary information to verify the Source?
If Yes, recommend the Source as it existed on 11-19-1987. Go to 11
If No, collect the necessary information. Recommend the Source as it existed on 11-19-1987. Go to 11
Yes () No ()
11. Is a Source remark and/or condition required?
If Yes, enter the appropriate remark and/or condition. Source review is complete.
If No, Source review is complete.
Yes () No ()

Source

Purpose of Use Data Entry Form

Claim Number: A27-02155 Use Claimed Purpose of Use as Recommended Purpose of Use

Water Right Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other
Municipal				

Claimed Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other

Recommended Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other
Municipal				

Document how the Purpose of Use was verified:

On-site, license

Transfers Changing Purpose of Use _____

Reviewer: _____

Date: _____

Purpose of Use Data Entry Form

Purpose of Use

Claim No. _____

1. Is the basis of claim a Decree or License?
If Yes, go to 4
If No, go to 2
Yes () No ()
2. Is the basis of claim a Permit or Application?
If Yes, go to 3
If No, go to 6
Yes () No ()
3. Has the License been issued?
If Yes, go to 5
If No, recommend the Purpose(s) of Use as shown on the Permit. Go to 13
Yes () No ()
4. Does the parent right have a Purpose of Use?
If Yes, go to 5
If No, go to 6
Yes () No ()
5. Can the claimed Purpose of Use be verified using the water right file?
If Yes, recommend the Purpose(s) of Use that is (are) claimed and shown in the water right file. Go to 13
If No, go to 6
Yes () No ()
6. Is there evidence that there has been a change in the Purpose of Use?
If Yes, go to 7
If No, go to 11
Yes () No ()
7. Can the change be verified as an accomplished transfer?
If Yes, add condition C04, go to 11
If No, go to 8
Yes () No ()
8. Does the change include an enlargement of the Purpose of Use?
If Yes, describe the evidence that supports that there has been an enlargement in the Purpose of Use. Go to 9
If No, Describe the evidence that supports the change occurred after 11-19-1987. Notify claimant that a transfer is necessary before the claimed Purpose(s) of Use can be recommended. Go to 12
Yes () No ()
9. Was an enlargement claim filed?
If Yes, go to 11
If No, Notify claimant that an enlargement claim is necessary. Go to 10
Yes () No ()
10. Did the claimant file an enlargement claim?
If Yes, go to 11
If No, recommend only the Purpose(s) of Use that existed on the date established as the priority date of this right. Go to 13
Yes () No ()
11. Does the file contain all of the necessary information to verify the Water Use?
If Yes, recommend the Purpose(s) of Use in existence on 11-19-1987. Go to 13
If No, collect the necessary information. Conduct field exam if necessary. Recommend the Purpose(s) of Use in existence on 11-19-1987. Go to 13
Yes () No ()
12. Did the claimant file a transfer?
If Yes, recommend the Purpose(s) of Use shown on the approved transfer. Go to 13
If No, recommend only the Purpose(s) of Use in existence on 11-19-1987. Go to 13
Yes () No ()
13. Is a Purpose of Use remark and/or condition required?
If Yes, enter the appropriate remark and/or condition. Purpose of Use review is complete.
If No, purpose of Use review is complete.
Yes () No ()

Purpose of Use

Place Of Use Data Entry Form

Claim Number: A27-02155☐ Use Claimed POU as Recommended POU

Claimed Place of Use

						City of Shelby		Purpose of Use
Twp	Rge	Sec	QQ	Q	County	Lot Num	Acres	

Total Acres _____

Recommended Place of Use

						City of Shelby		Purpose of Use
Twp	Rge	Sec	QQ	Q	County	Lot Num	Acres	

Total Acres _____

Document how the POU was verified:

On-site, License

Transfers Changing POU _____

Reviewer: _____

Date: _____

Place of Use

Claim No. _____

1. Is the basis of claim a Decree or License.
If Yes, go to 2a
If No, go to 2b
Yes () No ()
- 2a. Is a POU required?
If Yes, go to 5
If No, go to 14
Yes () No ()
- 2b. Is a POU required?
If Yes, go to 3
If No, go to 14
Yes () No ()
3. Is the basis of claim a Permit or Application?
If Yes, go to 4
If No, go to 7
Yes () No ()
4. Has the License been issued?
If Yes, go to 6
If No, recommend the POU as shown on the Permit. Go to 14
Yes () No ()
5. Does the parent right have a POU?
If Yes, go to 6
If No, go to 7
Yes () No ()
6. Can the claimed POU be verified using the water right file?
If Yes, recommend the POU as shown in the water right file. Go to 14
If No, go to 7
Yes () No ()
7. Is there evidence that there has been a change in the POU?
If Yes, go to 8
If No, go to 13
Yes () No ()
8. Can the change be verified as an accomplished transfer?
If Yes, add condition C05, go to 13
If No, go to 9
Yes () No ()
9. Does the change include an enlargement of the POU?
If Yes, describe the evidence that supports that there has been an enlargement in the POU. Go to 10
If No, describe the evidence that supports the change occurred after 11-19-1987. Notify claimant that a transfer is necessary before the claimed POU can be recommended. Go to 12
Yes () No ()
10. Was an enlargement claim filed?
If Yes, go to 13
If No, notify claimant that an enlargement claim is necessary. Go to 11
Yes () No ()
11. Did the claimant file an enlargement claim?
If Yes, go to 13
If No, recommend the POU as it existed on of 11-19-1987. The size of the POU is limited to the size that existed on the date established as the priority date of this right. Go to 13
Yes () No ()
12. Was a transfer filed?
If Yes, recommend the POU as shown on the approved transfer. Go to 14
If No, recommend the POU as it existed on of 11-19-1987. The size of the POU is limited to the size that existed on the date established as the priority date of this right. Go to 13
Yes () No ()
13. Does the file contain all of the necessary information to verify the POU?
If Yes, go to 14
If No, collect the necessary information. Conduct field exam if necessary. Go to 14
Yes () No ()
14. Is a POU remark and/or condition required?
If Yes, enter the appropriate remark and/or condition. POU review is complete.
If No, POU review is complete.
Yes () No ()

Place of Use

Period of Use and Quantity Data Entry Form

Claim Number: A27-2155☐ Use Claimed Period of Use and Quantity as Recommended Period of Use and Quantity

Water Right Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
Municipal	1-1	12-31		

Overall Diversion Rate 4.90 cfs Overall Diversion Volume _____

Claimed Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume

Overall Diversion Rate _____ Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
Municipal	1-1	12-31	3546.6	

Overall Diversion Rate 4.90 cfs Overall Diversion Volume 3546.6

Document how the Period of Use and/or Diversion Rate were verified:

LICU 52Reviewer: CBDate: 4/29/05

Period of Use and Quantity Data Entry Form

1. Is the basis of claim a Decree or License? Yes () No ()
If Yes, go to 4
If No, go to 2
2. Is the basis of claim a Permit or Application? Yes () No ()
If Yes, go to 3
If No, go to 6
3. Has the License been issued? Yes () No ()
If Yes, go to 5
If No, recommend the Period of Use as shown on the Permit. Go to 18
4. Does the parent right have a Period of Use? Yes () No ()
If Yes, go to 5
If No, go to 6
5. Can the claimed Period of Use be verified using the water right file? Yes () No ()
If Yes, go to 14
If No, go to 6
6. Is there evidence that there has been a change in the Period of Use? Yes () No ()
If Yes, go to 7
If No, go to 12
7. Does the change include an enlargement in the Period of Use? Yes () No ()
If Yes, go to 9
If No, go to 8
8. Can the change be recommended as an accomplished transfer? Yes () No ()
If Yes, add Condition C10. Describe the evidence that supports the change occurred after 11-19-1987. Go to 12
If No, notify claimant that a transfer is necessary. Go to 11
9. Was an enlargement claim filed? Yes () No ()
If Yes, go to 12
If No, notify claimant that an enlargement claim is necessary. Go to 10
10. Did the claimant file an enlargement claim? Yes () No ()
If Yes, go to 12
If No, recommend the Period of Use as it existed on 11-19-1987, subject to completing the review. Go to 12
11. Was a transfer filed? Yes () No ()
If Yes, go to 14
If No, recommend the Period of Use as it existed on 11-19-1987, subject to completing the review. Go to 12
12. Does the file contain all of the necessary information to verify the Period of Use? Yes () No ()
If Yes, go to 13
If No, collect the necessary information. Conduct field exam if necessary. Go to 13
13. Is the basis of claim a decree, license or a transferred beneficial use right that has had the Period of Use administratively determined? Yes () No ()
If Yes, go to 14
If No, go to 15
14. Is irrigation claimed as a purpose of use? Yes () No ()
If Yes, go to 16
If No, recommend the Period of Use of the parent right. Go to 18
15. Is irrigation claimed as a purpose of use? Yes () No ()
If Yes, recommend the "standard" Period of Use for the location of the POU. Go to 18
If No, the Period of Use is usually recommended as claimed. Go to 18
16. Is the Period of Use on the decree, license or transfer shorter on either the start date or end date than allowable under current IDWR standards? Yes () No ()
If Yes, go to 17
If No, recommend the Period of Use of the parent right. Go to 18
17. Was the Period of Use shortened by a Transfer to a "standard" Period of Use that is shorter than the current standard Period of Use? Yes () No ()
If Yes, recommend the current standard Period of Use if the Period of Use of the parent right prior to the transfer was not established, equal to, or longer than the current standard. If the Period of Use of the parent right prior to the transfer was shorter than the current standard, recommend the Period of Use of the parent right and add the appropriate shoulder remark. Consult attorney assigned to the Basin if the Period of Use was an element transferred. Go to 18
If No, recommend the Period of Use of the parent right. Add appropriate shoulder remark. Go to 18
18. Is a Period of Use remark and/or condition required? Yes () No ()
If Yes, enter the appropriate remark and/or condition. Period of Use review is complete.

Period of Use

Quantity

Claim No. _____

1. Is the basis of claim a Decree or License?
If Yes, go to 4
If No, go to 2
Yes () No ()
2. Is the basis of claim a Permit or Application?
If Yes, go to 3
If No, go to 6
Yes () No ()
3. Has the License been issued?
If Yes, go to 5
If No, recommend the Quantity shown on the Permit. Go to 11
Yes () No ()
4. Does the parent right have a diversion rate and/or volume?
If Yes, go to 5
If No, go to 7
Yes () No ()
5. Can the claimed diversion rate and/or volume be verified using the water right file?
If Yes, go to 8
If No, go to 7
Yes () No ()
6. Is the basis of claim a posted notice?
If Yes, consult the attorney assigned to the Basin. Go to 7
If No, go to 7
Yes () No ()
7. Is a flow measurement required?
If Yes, attach all related measurement documents. Describe the flow measurement that was made. Go to 9
If No, describe why a flow measurement is not required. Go to 9
Yes () No ()
8. Does the parent right have an annual diversion volume limit?
If Yes, go to 10
If No, go to 9
Yes () No ()
9. Is the source Ground Water and does the purpose of use require a diversion volume limit?
If Yes, go to 10
If No, go to 11
Yes () No ()
10. Is irrigation a purpose of use?
If Yes, view the map of field irrigation requirements. Show the calculation of the annual diversion volume or describe how the annual diversion volume was determined. Go to 12
If No, recommend an annual diversion volume. Show the calculation of the annual diversion volume or describe how the annual diversion volume was determined. Go to 12
Yes () No ()
11. Has a diversion volume limit for this water use been established by a decree, license or transfer?
If Yes, recommend an annual diversion volume. Show the calculation of the annual diversion volume or describe how the annual diversion volume was determined. Go to 12
If No, go to 12
Yes () No ()
12. Is a Quantity remark and/or condition required?
If Yes, enter the appropriate remark and/or condition. Quantity review is complete.
If No, quantity review is complete.
Yes () No ()

Quantity

Summary

Claim No. _____

1. Is the basis of claim a Decree, License, Permit, Application or Posted Notice?
If Yes, go to 2
If No, go to 3
Yes () No ()
2. Does any evidence indicate a five year period of continuous nonuse occurred that could result in recommending forfeiture or partial forfeiture?
If Yes, consult the attorney assigned to the Basin. Document the period of time the right or portion of the right was not used. Go to 4
If No, status will be set as Active. Go to 5
Yes () No ()
3. Is the water being used for all of the purposes claimed and to the extent claimed?
If Yes, status will be set as Active. Go to 5
If No, consult the attorney assigned to the Basin. Recommend only the uses found and limit the elements of those uses to the extent of the beneficial use found. Go to 4
Yes () No ()
4. Is any portion of the claim being recommended?
If Yes, status will be set as Active. Go to 5
If No, claim will be disallowed. Enter the appropriate condition code. Status will be set as Disallowed. Go to 5
Yes () No ()
5. Is an additional remark and/or condition required?
If Yes, enter the appropriate remark and/or condition. Go to 6
If No, go to 6
Yes () No ()
6. Would you like to view the recommended right?
If Yes, go to 7
If No, the review is incomplete. The recommendation must be viewed to complete the review.
Yes () No ()
7. Is this a "split" or "combined" right?
If Yes, go to the Update Pedigree Process in Workflow when the review is complete. Do any necessary data entry. Go to 8
If No, go to 8
Yes () No ()
8. Do you have documents you would like to attach or link to the file?
If Yes, go to PowerDOCS and profile the documents. Go to 9
If No, go to 9
Yes () No ()
9. Would you like to set the verification date?
If Yes, the review is complete.
If No, the review is incomplete. The recommendation must be verified to complete the review.
Yes () No ()

Summary

Claim No.: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. A small, dark mark or smudge is present near the top right corner. The paper appears to be from a notebook or a standard sheet of stationery.

Reviewer _____ Date _____

State of Idaho
Department of Water Administration

LICENSE OF WATER RIGHT

License of Water Right No. 33565/27-2155 Priority April 14, 1967 Amount 4.90 cfs

THIS IS TO CERTIFY, that the City of Shelley
of Shelley, Idaho, has complied with the terms and conditions of Permit
No. 33565/27-2155 issued pursuant to Application for Permit dated April 14, 1967,
and has submitted proof to the Department of Water Administration on February 28, 1969,
that he has applied water to a beneficial use; an examination by the Department indicates that the
works have a capacity of 4.90 cfs, and that the water has in fact been applied to a
beneficial use; a right to the use of water from a ground water source
tributary of _____, is hereby confirmed in the following amounts:
Amount 4.90 cfs for municipal from Jan. 1 to Dec. 31 (both dates inclusive)
Amount _____ for _____ from _____ to _____ (both dates inclusive)
Amount _____ for _____ from _____ to _____ (both dates inclusive)
Subject, however, to the condition that no more than 4.90 cfs of water be diverted at
any one time, said waters to be diverted within the _____

SW 1/4 Sec. 29, Twp. 1 N, Rge. 37 E, B. M.

in the county of Bingham; and that the amount of water so diverted and to which such
right is entitled and confirmed is for the purposes aforesaid and is limited to the amount which can
actually be beneficially used and shall not exceed 3546.6 acre feet per year ~~xx~~

~~XXXXXX XXXXXX~~

Description and location of place of use: City of Shelley, Idaho, and vicinity.

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	

Total number of acres irrigated _____

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 1 day of

March, 19 72.


Director



SCANNED

State of Idaho

JUL 16 2001

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

RECEIVED

MAR 1- 1990

Department of Water Resources
Eastern District Office

February 22, 1990

City of Shelley
C/O Earl Barsanti
214 So. Emerson
Shelley, ID 83274

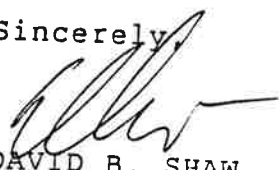
Gentlemen:

Our records show you have filed your adjudication claim(s) in the Snake River Basin Adjudication. Our records do not, however, include a clear map of your service area. Would it be possible for us to get a map of your customer service area for your municipal water system, both to supplement the record of your claim(s) and for use as described below?

In our review and investigation phase of the Snake River Basin Adjudication, the map would be helpful for us to have this information in verifying individual claims to water rights for domestic purposes. We will be happy to discuss with you the most convenient way for you to provide this information to us. I can be reached at 327-7931 or you may contact my assistant, Anita Warntjes at 327-7986.

Your assistance in this matter is greatly appreciated.

Sincerely,


DAVID B. SHAW
Adjudication Bureau Chief

DBS:alw

227-07053
227-07053
227-07053
227-07053

MICROFILMED

NOV 12 1992

4/11/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME

City of St. Mary

CLAIM

NT. NO.

A27-02155

DATE RECEIVED

6/1/89

CK #

E008067

AMOUNT \$

YES

NO

Required Info?

1. Is the name and address complete with zip code? ☒ YES ☐ NO ☐ *
2. Is a priority date entered? ☒ YES ☐ NO ☐ *
- Is the priority date acceptable in view of mandatory filing dates?
See Adjudication Memos #1 and #4 to determine if a Permit is required. ☒ YES ☐ NO ☐ *
3. (a) Is a source entered? ☒ YES ☐ NO ☐ *
- (b) Is a tributary to entered? (if required) ☐ YES ☒ N/A ☐ NO ☐ *
4. Is the legal description of the p.d. sufficient? ☒ YES ☐ NO ☐ *
5. Is there a description of the diverting works? ☒ YES ☐ NO ☐ *
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. ☒ YES ☐ NO ☐ *
- Is the period of use included? ☒ YES ☐ NO ☐ *
- Is a quantity claimed for each use? ☒ YES ☐ NO ☐ *
7. Is a total quantity claimed entered? ☒ YES ☐ NO ☐ *
8. If required is a consumptive use entered? ☒ YES ☒ N/A ☐ NO ☐ *
- Is the consumptive use correct? ☒ YES ☒ N/A ☐ NO ☐ *
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. ☒ YES ☒ N/A ☐ NO ☐ *
10. Is (are) the place(s) of use and purpose(s) indicated? ☒ YES ☒ in computer ☐ NO ☐ *
11. Is (are) the county(ies) entered? ☒ YES ☐ NO ☐ *
12. Is the ownership of p.u. checked? ☒ YES ☐ NO ☐ *
13. Are other water rights listed or "none" indicated? ☒ YES ☐ NO ☐ *
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.) ☒ YES ☒ N/A ☐ NO ☐ *
15. Is the basis of the claim indicated? ☒ YES ☐ NO ☐ *
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) ☒ YES ☒ N/A ☐ NO ☐ *
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☒ YES ☐ NO ☐ *
18. Has the claim been signed, sealed, and dated by a notary? ☒ YES ☐ NO ☐ *
19. Was this claim filed on time, or was an extension granted? ☒ YES ☐ NO ☐ *
20. Is the fee enclosed correct? ☒ YES ☒ Exempt ☐ NO ☐ *
21. If this claim is based on an existing water right, has the identification number been entered? ☒ YES ☒ N/A ☐ NO ☐ *
22. Should this claim be data entered? ☒ YES ☐ NO ☐ *

Claim checked by: AB

Date: 6/10/89

Claim must be returned to claimant: ☐ (Yes) ☒ (No)

Claimant must be notified of modifications: ☒ (Yes) ☐ (No)

Receipt Prepared by:
Claim data entered by: SS-8-8-89
Sent to claimant by:

Date:
Date:
Date:

Checked by:

Date:

Comments:

confirm land list!

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NOV 12 1992

JUL 16 2001

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: A27-02155
Date Received: 6/02/1989
Receipt No: E008767
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CITY OF SHELLEY
Address: 101 S. EMERSON
SHELLEY, ID 83274
208-357-3390

2. Date of Priority: APR 14, 1967

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
01N	37E	29	NE	SW	SE		BINGHAM

5. Description of diverting works:
WELL AND PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	4.800		

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

A.F.A.

8. Total consumptive use is 3546.6 Acre Feet Per Annum.

9. Non-irrigation uses:
MUNICIPAL - APPROXIMATELY 3000 POPULATION

10. Place of Use:

Township	Range	Section	1/4 of	1/4 of	Lot	Use	Acres
----------	-------	---------	--------	--------	-----	-----	-------

11. Place of use in counties:

12. Do you own the property listed above as place of use? NO

A27-02155

Page 1

Date: 08/08/89

A2702155



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NOV 12 1992

13. Other Water Rights Used:
27-7053 AND 27-4107

14. Remarks:
THE CITY OF SHELLEY PROVIDES WATER TO CITY RESIDENTS.
PLACE OF USE IS WITHIN THE CITY OF SHELLEY.

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: 39576
Ident. Number 27-2155 A27-02155
Date Received 6/2/89
Receipt Number ED08767

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

RECEIVED
 JUN - 1 1989
 Department of Water Resources
 Eastern District Office

Please type or print clearly

1. Name of Claimant (s) City of Shelley Phone (208) 357-3390
 Mailing Address 101 South Emerson, Shelley, ID Zip 83274

2. Date of Priority (Only one (1) per claim) April 14, 1967

3. Source of water supply (a) Groundwater
 which is tributary to (b) N/A

4. a. Location of existing point of diversion is: Township 1N Range 37E Section 29,
NE 1/4 of SW 1/4 of SE 1/4, Govt. Lot, N/A B.M., County of Bingham

Additional points of diversion if any: 27-7053 and 27-4107

b. If instream flow, beginning point of claimed instream flow is:

Township N/A 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. 200 Hp Pump, 18" well drilled to 140'

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NOV 12 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 4.90 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 4.90 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 3546.6 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 - Approximately 3000 population

10. Description of place of use:

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

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	

Total number of acres irrigated _____

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

12. Do you own the property listed above as place of use? Yes _____ No X
If your answer is No, describe in Remarks below the authority you have to claim this water right.

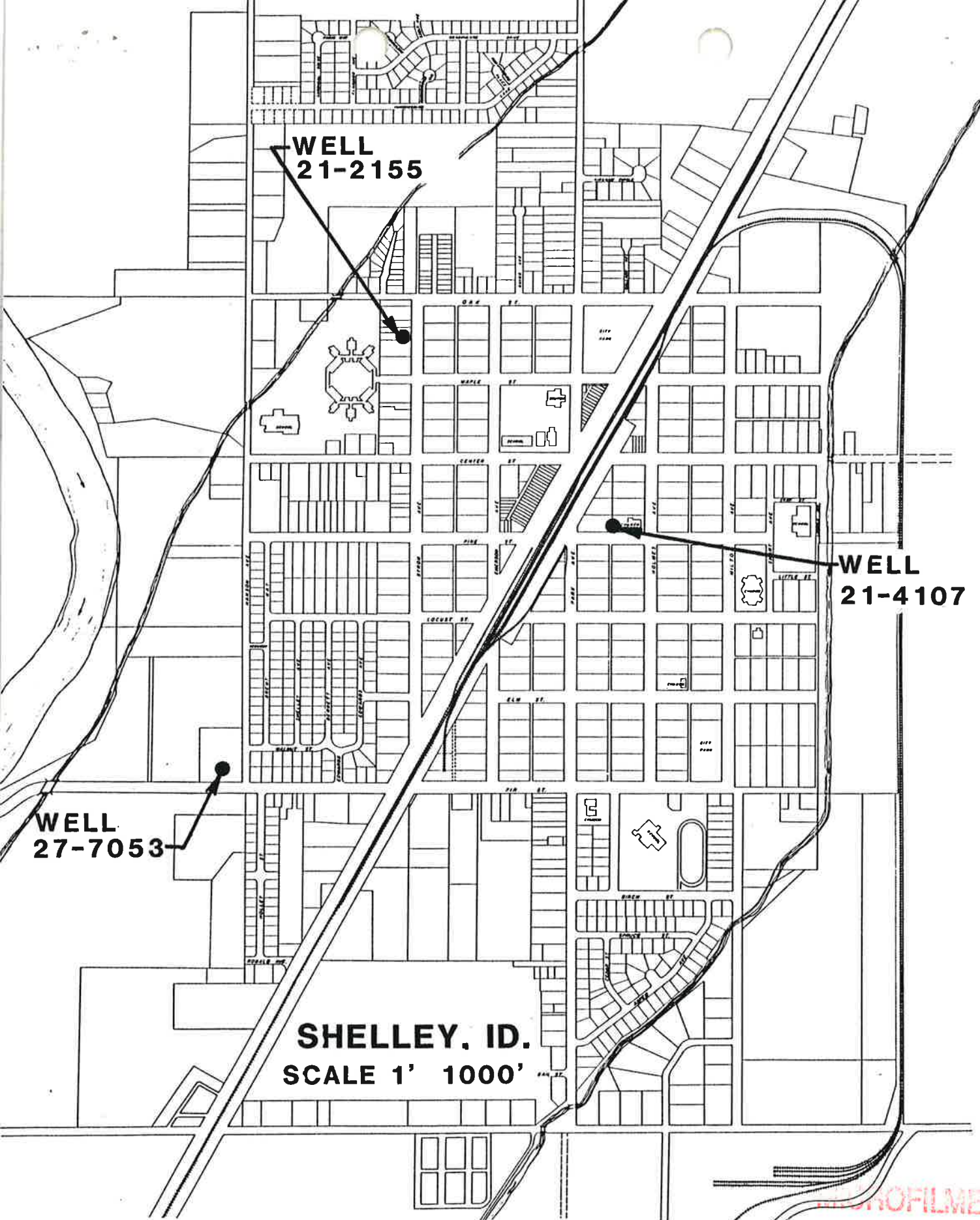
13. Describe any other water rights used at the same place and for the same purposes as described above.
27-7053 adn 27-4107 or None ()

14. Remarks: The City of Shelley provides water to city residents

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NOV 12 1992

Last Name Shelley Ident No. 27-2155

Copies: White -State, Yellow-Claimant



**WELL
21-2155**

**WELL
21-4107**

**WELL
27-7053**

**SHELLEY, ID.
SCALE 1' 1000'**

MICROFILMED

NOV 12 1992

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License X Permit _____
Decree _____
If applicable provide IDWR Water Right Number 27-2155
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. Signature (s)
(a.) By signing below, I/We acknowledge that I/We have received, read, and understand the form entitled
"How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not X
wish to receive and pay a small annual fee for monthly copies of the docket sheet.
Number of attachments 0

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 the Mayor Title _____
of City of Shelley Organization _____, that I have signed the foregoing
document in the space below as Mayor Title _____ of Shelley Organization _____
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Eugene Chatman
Title and Organization Mayor, City of Shelley Date _____

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

Subscribed and sworn (or affirmed) before me this 31st day of May 19 89

SEAL

Notary Public Loane Leathan

Residing at Shelley ID

My Commission Expires 1-27-91

Please Print Name Leathan

17. Notice of Appearance:

Notice is hereby given that I, N/A 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 _____

MICROFILMED

NOV 12 1992

Last Name Shelley Ident. Number 27-2155

Copies White-State, Yellow-Claimant