

09/01/2006

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

RIGHT NUMBER: 27-7084

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

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 3.110 CFS
969.500 AFY

This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 3.5 afa per acre at the field headgate for irrigation of the lands above.

PRIORITY DATE: 05/09/1977

POINT OF DIVERSION:

T03S R35E S2 SWNESE Within BINGHAM County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE
IRRIGATION

PERIOD OF USE
4/01 11/01

QUANTITY
3.110 CFS
969.50 AFY

PLACE OF USE: IRRIGATION Within BINGHAM County

T03S R35E S01	NWSW	38.00	T03S R35E S01	SWSW	38.00
T03S R35E S02	NESW	14.00	T03S R35E S02	SESW	34.00
T03S R35E S02	NESE	39.00	T03S R35E S02	NWSE	36.00
T03S R35E S02	SWSE	39.00	T03S R35E S02	SESE	39.00

277 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

Right includes accomplished change in point of diversion pursuant to Section 42-1425, Idaho Code.

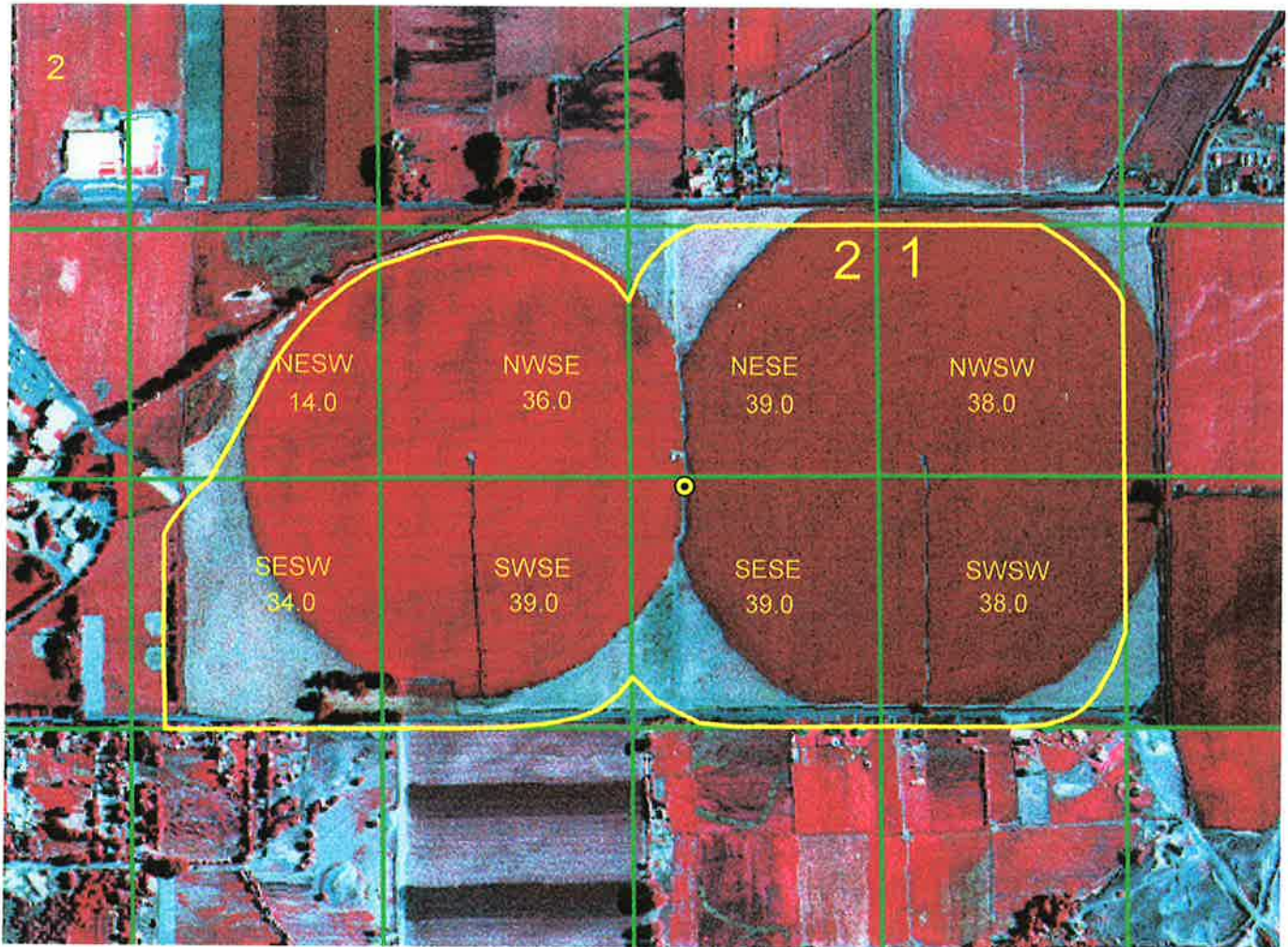


STATE OF IDAHO

Department of Water Resources
Eastern Region



Water Right(s) 27-7084



800 0 800 1600 Feet

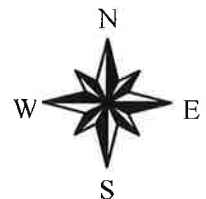
IRRIGATED ACRES 277.0

LEGEND

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

Place of Use: T3S, R35E:
(part of) Sec. 1, NWSW, SWSW,
(part of) Sec. 2, NESW, SESW,
NESE, NWSE, SWSE, SESE.

Point(s) of Diversion: T3S, R35E:
Sec. 2, SESE.



GIS Place of Use Illustration
1987/88 NAPP Photography
Prepared by: B. Payne
Date: November 2003

PROFILED

RECEIVED
AUG 02 2006
Department of Water Resources
Eastern Region

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

In Re SRBA

Case No. 39576

Subcase No. 27- 7084

STANDARD FORM 5

**STIPULATED ELEMENTS OF A
WATER RIGHT**

This form is used to report the stipulated elements of one water right acquired under state law and/or one federal reserved water right. Submission of this form will not automatically result in the issuance of a partial decree. The Presiding Judge or Special Master will conduct any hearing necessary to determine whether the facts, data, expert opinions and law support the issuance of a partial decree for the water right.

The parties agree that the Snake River Basin Adjudication Court has jurisdiction of the parties and subject matter to enter a partial decree for this water right; that they have been served with sufficient process, according to the law; and that they have appeared, prosecuted, and defended their positions with regard to this water right dispute.

The parties and IDWR agree and stipulate that the elements of this water right should be described per the attached. The parties and IDWR have further indicated their concurrence by initialing each of the attached pages.

CLAIMANT(s):

David J. Boda 7/25/2006
Date

Date

OBJECTOR(s):

David Barber 7/25/06
Date

Date

RESPONDENT(s):

N/A
Date

Date

IDWR Concurrence:

Ernie Carlsen 7-25-06.
Ernie Carlsen Date
IDWR Adjudication Supervisor

Candice McHugh 7/25/06
Candice McHugh Date
Deputy Attorney General
Attorney for IDWR

RIGHT NUMBER:

27-70

NAME AND ADDRESS:

STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
450 W. STATE 10TH FL
BOISE ID 83720

SOURCE

GROUND WATER

TRIBUTARY

QUANTITY:

3.110 CFS
969.50 AFY

This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 3.5 afa per acre at the field headgate for irrigation of the lands above.

~~The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount that can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.~~

PRIORITY DATE:

05/09/1977

POINT OF
DIVERSION:

T03S R35E S2 SWNESE SESE Within BINGHAM County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	4/01 11/01	3.110 CFS 969.50 AFY

PLACE OF USE:

IRRIGATION Within BINGHAM County

T03S	R35E	S01	NWSW	38.00	T03S	R35E	S01	SWSW	38.00
T03S	R35E	S02	NESW	14.00	T03S	R35E	S02	SESW	34.00
T03S	R35E	S02	NESE	39.00	T03S	R35E	S02	NWSE	36.00
T03S	R35E	S02	SWSE	39.00	T03S	R35E	S02	SESE	39.00

277 ACRES TOTAL

~~This water right is appurtenant to the described place of use.~~

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

~~Modifications to or variance from this license shall be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.~~

~~This right is subject to all prior water rights and may be forfeited by five years of non-use.~~

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

Right includes accomplished change in point of diversion pursuant to Section 42-1425, Idaho Code.

CERTIFICATE OF MAILING

I certify that on July 28, 2006, I mailed the original and copies of this form, including all attachments, to the following persons by mailing the original and/or copies, postage prepaid and addressed as follows:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
P. O. Box 2707
Twin Falls, Idaho 83303-2707

2. Copies to:

State of Idaho Department of Health & Welfare
State Hospital South

P.O. Box 400
Blackfoot ID 83221

David J. Barber
Office of the Attorney General
P.O. Box 44449

Boise, ID 83711-4449

IDWR Repository
P.O. Box 83720
Boise, ID 83720

David Barber
Signature of person or attorney mailing the form

10/30/2003

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: 27-7084

STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
450 W STATE 10TH FL
BOISE ID 83720
Telephone Number: (208) 334-5537

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:

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

DATE:

6/22/05

SIGNATURE:

[Signature]

Please print your name: Tracy J Farnsworth, FACHE

Administrative Director

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



RECEIVED
JUL 11 2005

Department of Water Resources
Eastern Region

SCANNED
MAY 17 2006

RECEIVED

6/22/05

Notes

10/21/03 This right was licensed in 1989,
so our shape/PLS must match
the license.

Contacts Data Entry Form

[illegible]

Current Owner State of Idaho Dept of H+w. P.O. Box 400

Name connector: and ____, or ____, and/or ____

Current Owner: Blackfoot, ID 83224

Current Owner _____

Representing Attorney: _____ Phone Number: _____

Accompanied By: _____ Phone Number: _____

Relationship to Claimant: _____

Date of Field Exam: _____ Time: _____

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

Reviewer:

Date: 10/21/23

Priority Date Data Entry FormClaim Number: A27-7084

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: _____ Claimed Basis: _____

Recommended Priority Date: _____ 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:

LicenseReviewer: CBDate: 10/21/03

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. *license*
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.

Point of Diversion and Source Data Entry FormClaim Number: A27-7084

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
GPS Coordinates: _____						
GPS Coordinates: _____						
GPS Coordinates: _____						
GPS Coordinates: _____						
GPS Coordinates: _____						
GPS Coordinates: _____						
GPS Coordinates: _____						

Other rights from this POD? _____

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

hurseTransfers Changing POD noReviewer: CBDate: 10/21/03

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 (☒)

Source

Claim No. 27 7084

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: A27-7084☒ 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

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

Document how the Purpose of Use was verified:

license

Transfers Changing Purpose of Use noReviewer: CBDate: 10/21/03

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: A27-7084☒ Use Claimed POU as Recommended POU

Claimed Place of Use

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

Total Acres _____

Recommended Place of Use

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

Total Acres _____

Document how the POU was verified:

license 1987/88 Napp photography, examiner's
reportTransfers Changing POU noReviewer: CBDate: 10/21/03

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 FormClaim Number: A27-7084☒ 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

Overall Diversion Rate _____ 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

Overall Diversion Rate _____ Overall Diversion Volume _____

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

LicenseReviewer: CBDate: 10/21/03

1. Is the basis of claim a Decree or License? Yes (X) 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 (X) 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 (X) 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 (X) 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 (X)
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 (X)
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. 27-7084

1. Is the basis of claim a Decree, License, Permit, Application or Posted Notice?
If Yes, go to 2
If No, go to 3
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
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
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
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
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.
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
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
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 (☐)

Yes (☐) No (☒)

Yes (☐) No (☐)

Yes (☐) No (☐)

Yes (☒) No (☐)

Yes (☒) No (☐)

Yes (☐) No (☒)

Yes (☐) No (☒)

Yes (☒) No (☐)

Summary

Summary Data Entry Form

Claim No.: _____

Remarks and Conditions (Include Type, Category and Code if applicable):

C18 G.C.

B63 Qty Cond.

901 G.C.

902 G.C.

904 POH Cond.

903 Qty Cond.

Split or Combined Right Analysis:

Attached Field Notes or Other Documents:

Claim No.:

27-7084

Reviewer

CB

Date

10/21/03

11-4-63

27-22D Ship has fire Eastern of Water
10878 Tank to 27-44 Little Butte
10400 Fresno Damages - Dueselhouse

Condy, My drawing over page 3 other drawings.
The ACVR has already been done.
What adjustments do I need to make?

B

Now, it's possible for them
to have S.W. slaves, and
that is dealt with with the
City. Mark to limit it to
an end per case.

CP

SENE

SWNE

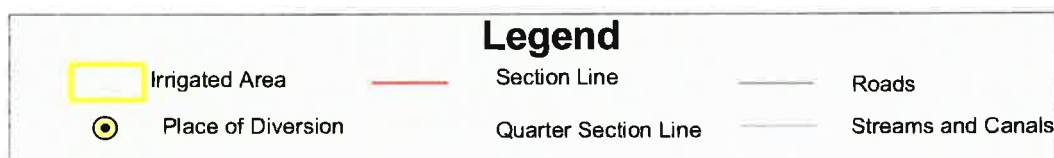
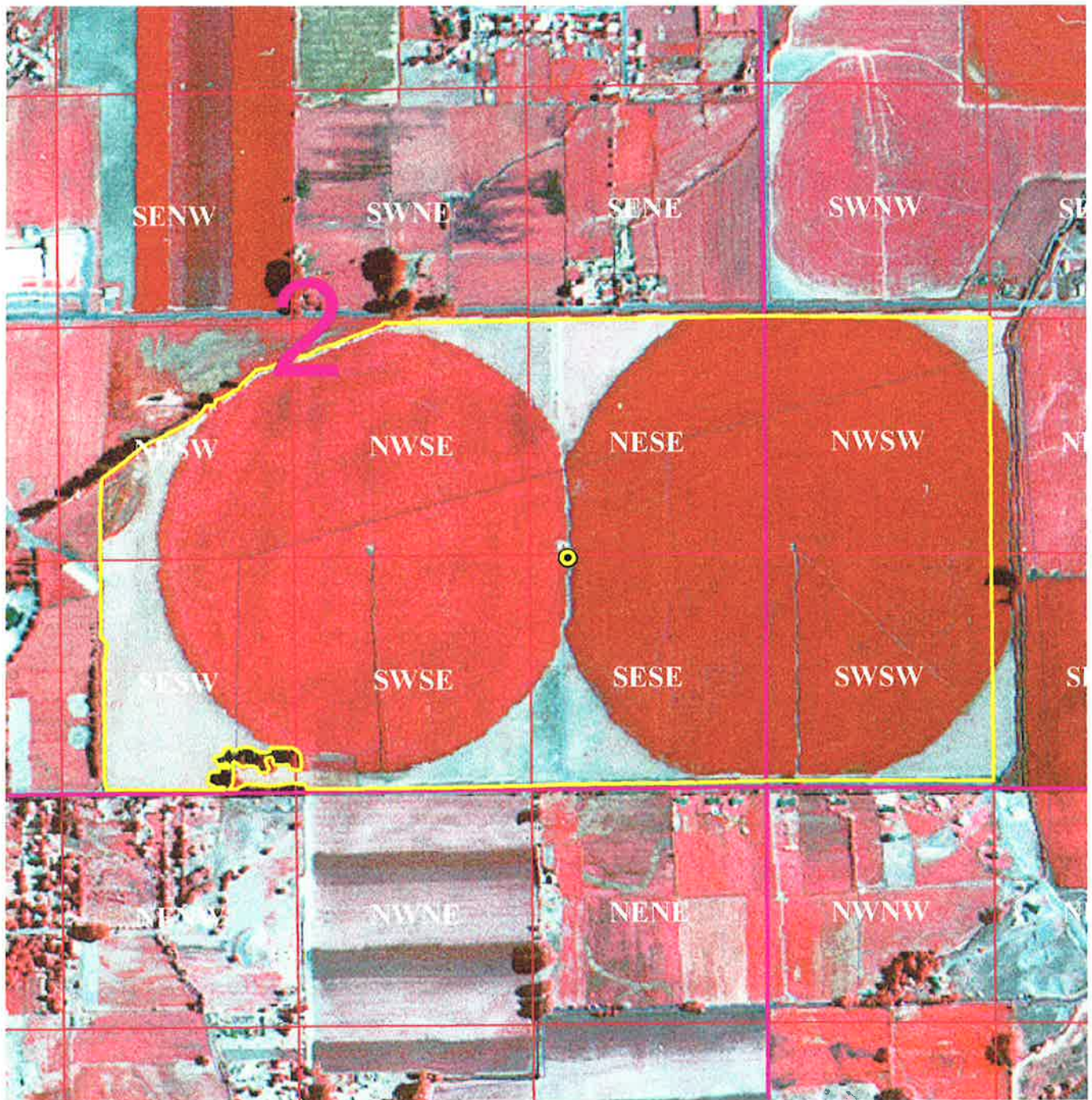
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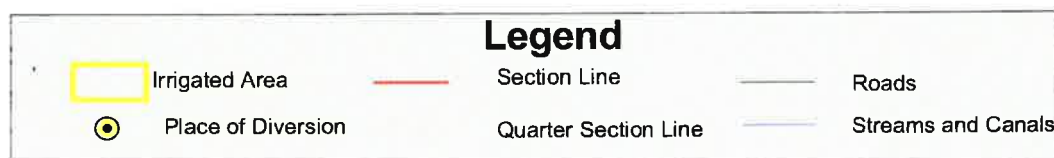
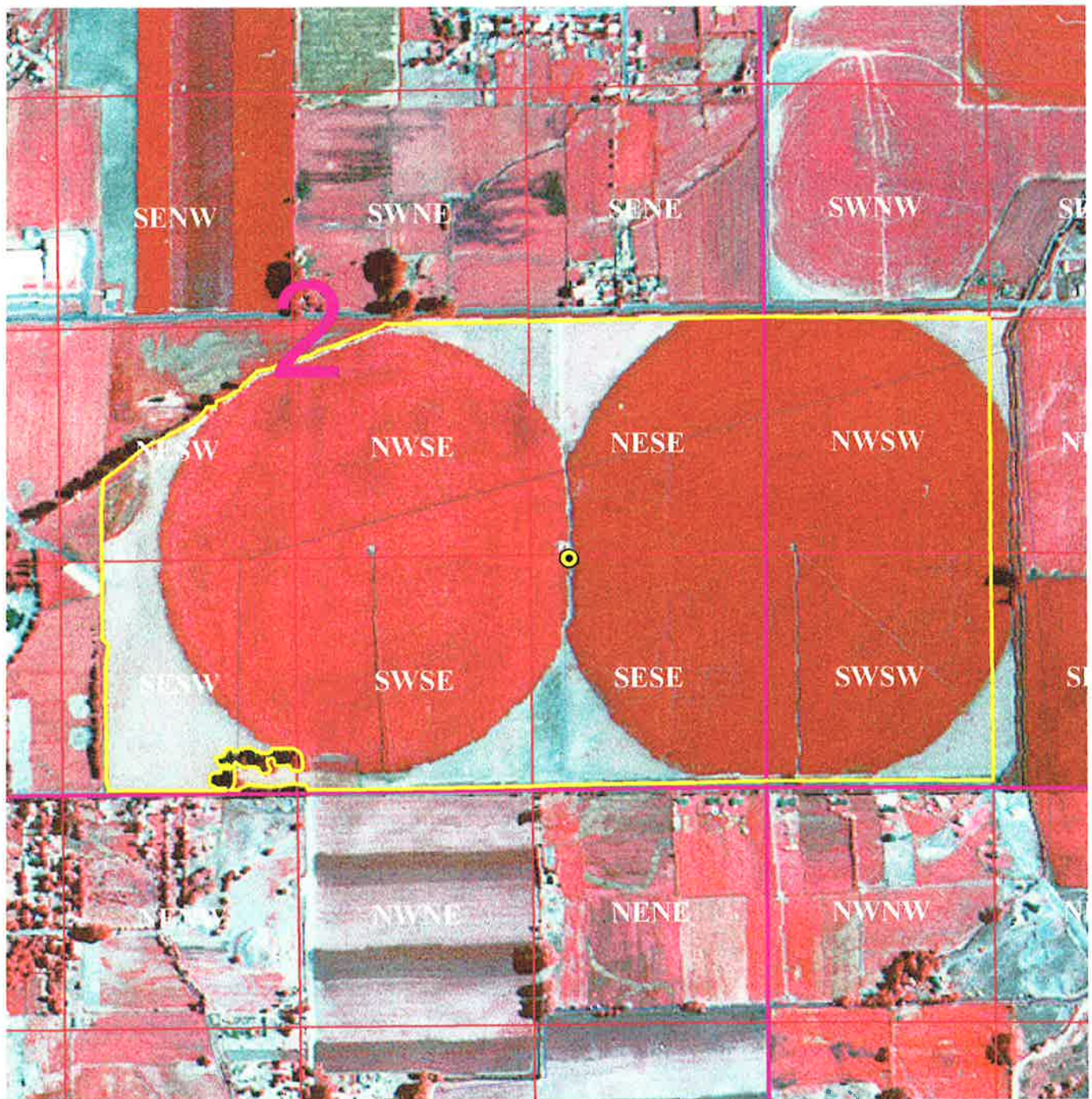
Water Right Claim Number 27-07084
Township , 3S35E

12/28/2000



Water Right Claim Number 27-07084
Township , 3S35E

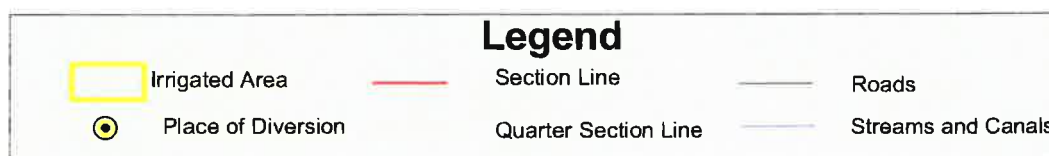
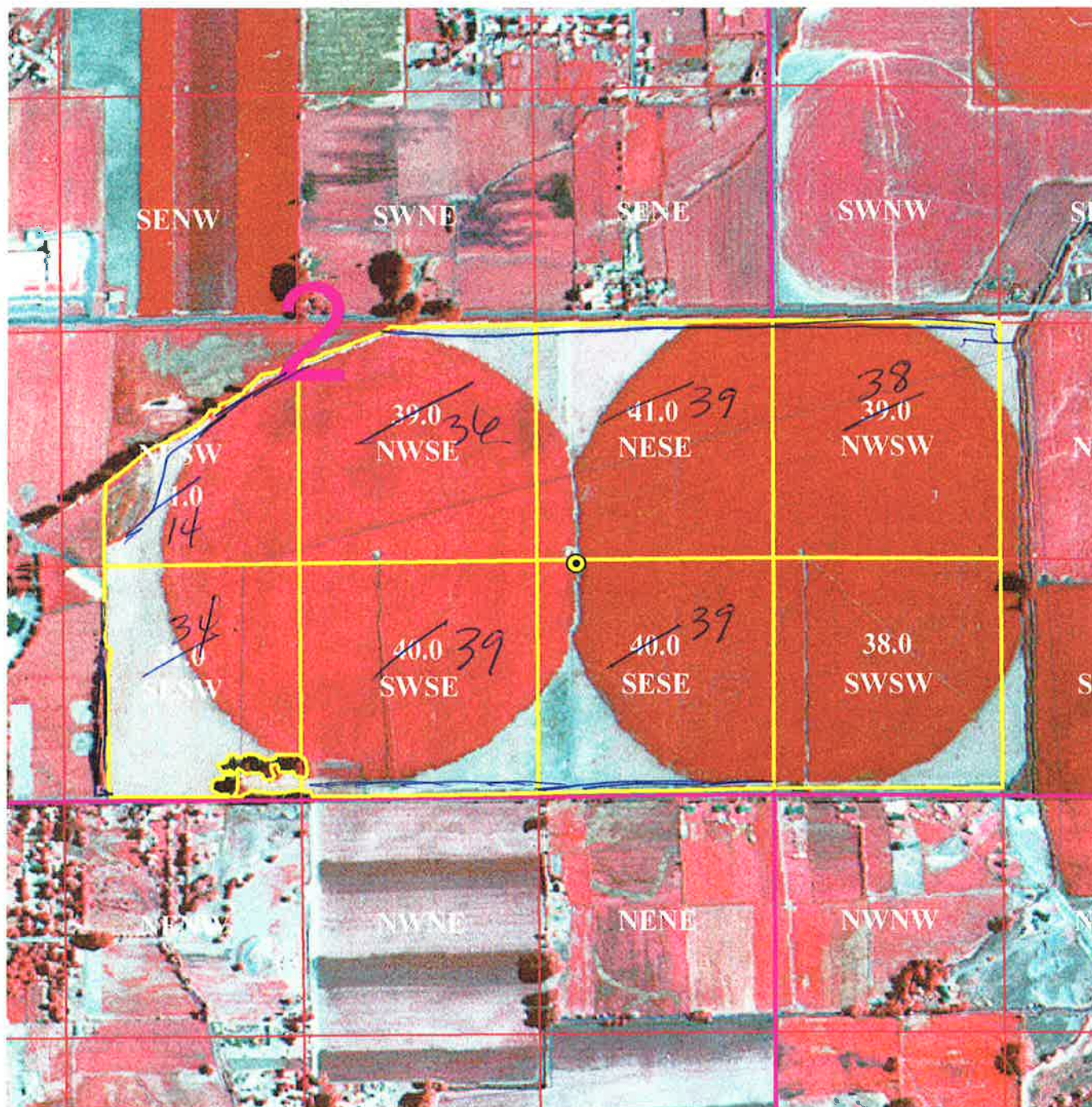
12/28/2000



Water Right Claim Number 27-07084

Township , 3S35E

12/28/2000



600 0 600 1200 Feet



SPATIAL
DYNAMICS

SCANNED

JUL 18 2001

Log for claim 27-07084

Spatial Dynamics LTD

12/28/00

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
03s35e	1	NWSW	38	39	
03s35e	1	SWSW	38	38	
03s35e	2	NESW	14	21	Indiscernible
03s35e	2	SESW	34	31	
03s35e	2	NESE	39	41	
03s35e	2	NWSE	36	39	
03s35e	2	SWSE	39	40	
03s35e	2	SESE	39	40	
Totals:			277	289	

DATE: 09/29/00
PAGE: 100

Audit: 05/16/89 MEYER 06/10/92 FRAZEE 06/11/92 FRAZEE 06/12/92 CARLSON
08/10/92 CARLSON 08/12/92 CARLSON

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 27-07084

Priority: May 9, 1977

Maximum Diversion Rate: 3.11 CFS
Maximum Diversion Volume: 969.5 AF

This is to certify, that STATE OF IDAHO
DEPT. OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
P.O. BOX 400
BLACKFOOT, ID 83221

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated May 9, 1977; and has submitted Proof of Beneficial Use on June 16, 1982. An examination indicates that the works have a diversion capacity of 3.110 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	04/01 to 11/01	3.11 CFS	969.5 AF

LOCATION OF POINT(S) OF DIVERSION: SESE , Sec. 2, Township 03S, Range 35E
BINGHAM County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
03S	35E	1	NWSW 38	SWSW 38		76
		2	NESW 14	SESW 34	NESE 39	
			NWSE 36	SWSE 39	SESE 39	201

Total number of acres irrigated: 277

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to reflect cropping patterns or acceptable standards of water delivery efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for the lands above.

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SEP 15 1989

State of Idaho
Department of Water Resources

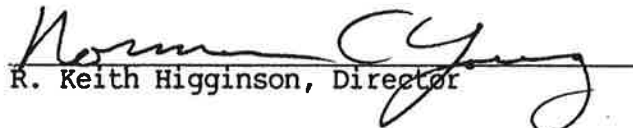
WATER RIGHT LICENSE

WATER RIGHT NO. 27-07084

CONDITIONS/REMARKS:

This license is issued pursuant to the provisions of Section 42-219, Idaho Code,
Witness the seal and signature of the Director, affixed at Boise, this 7th
day of AUGUST, 1989.

Acting for


R. Keith Higginson, Director

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SEP 15 1989

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
LICENSING REPORT

RECEIVED

FEB 20 1986

Permit No. 37-7084

1. Measurement Calculations

- a) Field Measurement Calculations (Include theoretical capacities and system capacity)

$$Q = \left(\underset{\text{mainline}}{9.75" ID} \right)^2 \times 3.85 \sqrt{\underset{\text{Reading}}{16" \text{ meter}}}$$

$$= 1463.9 \text{ gpm or } 3.26 \text{ cfs (capacity)} \times 0.955 \text{ correction factor} = \underline{\underline{3.11 \text{ cfs}}}$$

* allow 3.11 cfs for irrigation of 277 acres

- b) Volume Calculations for Irrigation:

$$\begin{aligned} V_{IR} &= (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 277 \text{ acres} \times 3.5 \text{ cfs} = 969.5 \text{ af} \\ V_{DR} &= [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = 3.11 \text{ cfs} \times 214 \text{ d} \times 1.9835 = 1320 \\ V &= \text{Smaller of } V_{IR} \text{ and } V_{DR} = \underline{\underline{969.5 \text{ af}}} \end{aligned}$$

- c) Volume Calculations for Other Uses:

2. Overlap Review

- a) Other water rights with same place of use: Canal rights - Corbett Slough
- b) Other water rights with same point of diversion: NA
- c) Analysis:

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RECOMMENDED AMOUNTS

- | Permit No. | Priority | Amount | App. Date | Date Proof Submitted | System Capacity |
|------------|----------|--------|-----------|----------------------|-----------------|
| | | | | | |

4. Permit Holder: _____

Address: _____

5. Source: _____ tributary to _____

[illegible]

Imigation	4-1	11-1	3-11	969.5
-----------	-----	------	------	-------

Allowable Maximums: _____

7. Point(s) of Diversion:

[illegible]

8. Place(s) of Use

[illegible]

9. Recommended Conditions/Remarks: _____

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MAIDENHEAD

10. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other _____

11. Examiner's Signature H. W. Jones

Checked in Regional Office by Dary Packman

Approved in State Office by _____

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SEP 15 1989

Date 2-05-86

Date 2-13-86

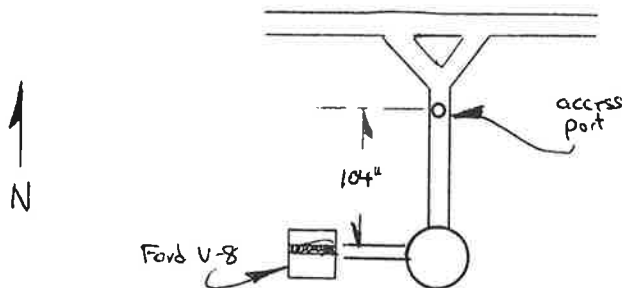
Date 12/22/88

[illegible]

10. Other water rights on these lands Canal Rts - Corbett Slough
11. Other water right diverted from same p.d. NA

12. **Diversion and Delivery System Diagram:** Indicate all major components and distances between components. Indicate ditch size/pipe i.d. as applicable. Indicate on systems with measurement port the distance between the port and the nearest component/pipe bend/restriction both upstream and downstream, and the inside pipe diameter at the measurement port. On multiple diversion systems indicate how diversion systems are connected.

DIVERSION AND DELIVERY SYSTEM



13. ☒ Photo of Diversion & System Attached

- ☒ Aerial Photo of Place of Use Attached
or Map of Irrigated Acreage Attached

14. Remarks _____
- _____
- _____
- _____

15. Recommended Amendments

☐ Change P.D. as reflected above

☐ Add P.D. as reflected above

☒ None

☐ Change P.U. as reflected above

☐ Add P.U. as reflected above

☐ Other

16. Examiner's/Consultant's Signature John Jones Date 2-05-86

Consultant's License Number _____

IDWR Director's Authorization to Conduct

Beneficial Use Examination _____

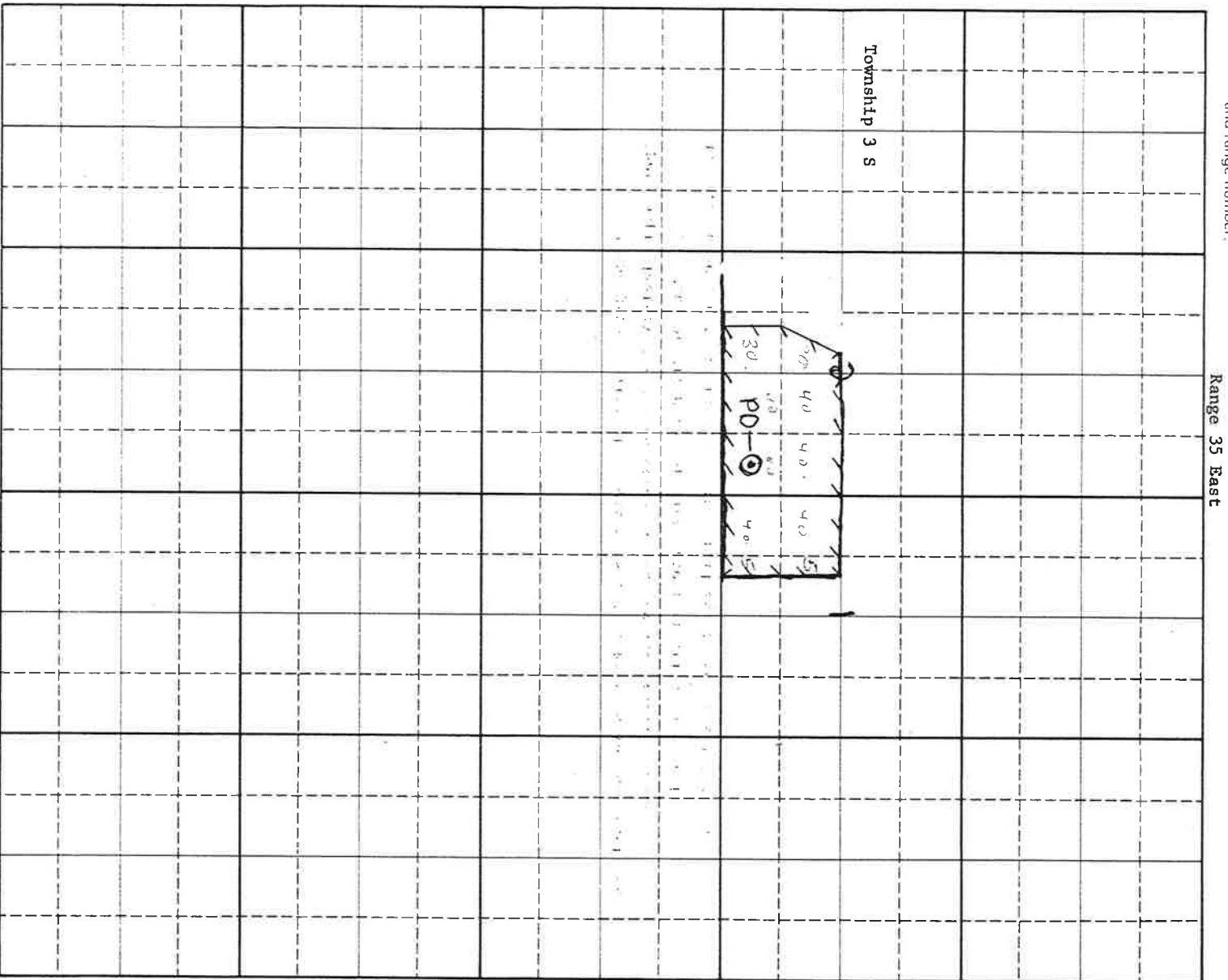
Date

MAINTAINED

CONSULTANT SEAL

SEP 15 1989

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



Scale: 2 inches equal 1 mile

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.

Idaho Department of Health & Welfare
State Hospital South

By Christina Starnes PhD.
(Applicant) Administrative Director

Department of Lands
Idaho Falls, Idaho

MAY 05 1977

RECEIVED

Proposed Priority 5/ 9/77

Received by me Date 5-9-77 Time 10:50 a.
Preliminary check by ARK Fee \$75.00
Receipted by me Date 5-9-77 # 7222
Publication prepared by me Date 5-13-77
Published in The Blackfoot News
Publication dates May 19 & 26, 1977
Publication approved me Date 6-1-77
Priority reduced to _____ Reason _____

Protests filed by: _____

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial ARC jg

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. 27-7084, 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 June 1, 19 82.
 - c. Other: A measuring device of a type approved by this Department shall be permanently installed and maintained as part of the diverting works.
The rate of diversion of water for irrigation under this permit and all other water rights on the same land shall not exceed 0.02 cubic feet per second for each acre of land.

Witness my hand this 29 day of June, 19 77.


Deputy Director

Identification No. _____

Application No. _____

**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)

Idaho Department of Health & Welfare

1. Name of applicant State Hospital South Phone: 785-1200
post office address Box 390, Blackfoot, Idaho 83221

2. Source of water supply Ground water which is a tributary of _____

3. a. Location of point of diversion is SE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 2 Township 3s
Range 35E B.M. Bingham County; additional points of diversion if any: _____

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 6.0 cfs for Irrigation purpose from April 1 to November 1 (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purpose from _____ to _____ (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. 6.0 cubic feet per second and/or

b. _____ acre feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well, pump, potable lines

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 20 inches; proposed depth of well is 100 feet.

7. a. Time required for the completion of the works and application of the water to the proposed beneficial use is 5 years.

b. Estimated construction cost is \$ 5,500 to \$6,500.

8. Description of proposed uses:

a. If water is **not** for irrigation:

(1) Give the place of use of water: _____ $\frac{1}{4}$ of _____ $\frac{1}{4}$ of Section _____ Township
Range _____ 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: _____

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MAY 05 1977

RECEIVED

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	
3S	35E	1									5	40	40	5					90.
3S	35E	2									20			30	40	40	40	40	210

Total number of acres to be irrigated. 300

c. Describe any other water rights used for the same purposes as described above. Surface water rights
(See Remarks)

9. a. Who owns the property at the point of diversion Applicant
 b. Who owns the land to be irrigated or place of use Applicant
 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 Fall of the present irrigation ditch is too great to hold the water needed to irrigate approximately fifty (50) acres of the involved area. In the past, excess water flow from the ditch was spilled into a pasture. The pasture has recently been converted to cropland and this spillage is now not feasible.

SEP 15 1989

This micrograph shows two oocysts of *Toxoplasma gondii*. The oocysts are oval-shaped and have a thick, dark outer wall. Inside each oocyst, a smaller, lighter-colored structure is visible, which is the developing sporozoite.

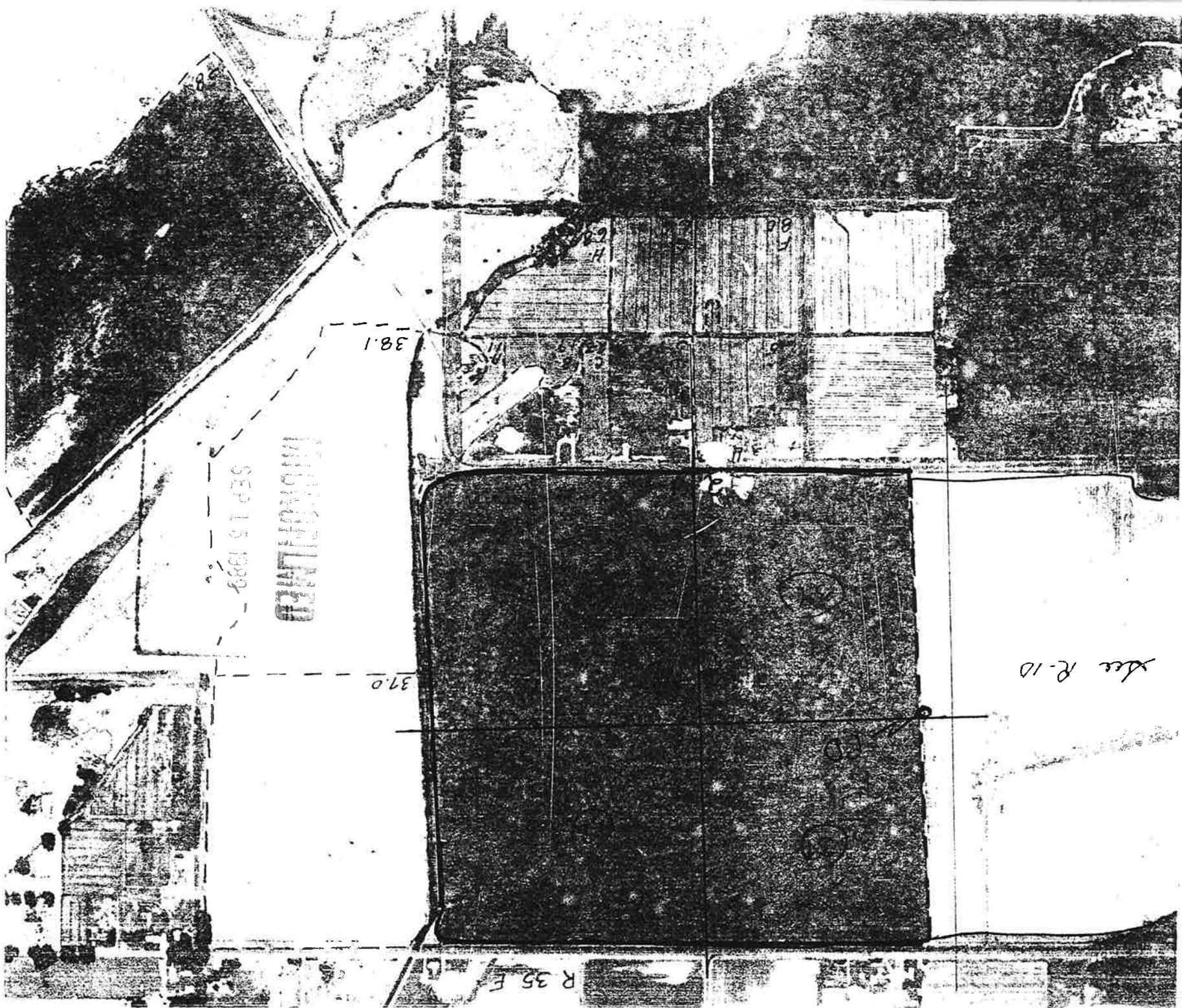
(52)

(95)

463-1

NON - AG.

$$\begin{array}{r} 3 \\ 2 \\ \hline 35 \end{array}$$



SEP 15 1983

38.1

37.0

R 35 E

R35E

T3S

See R-10

R-10

#27-7084

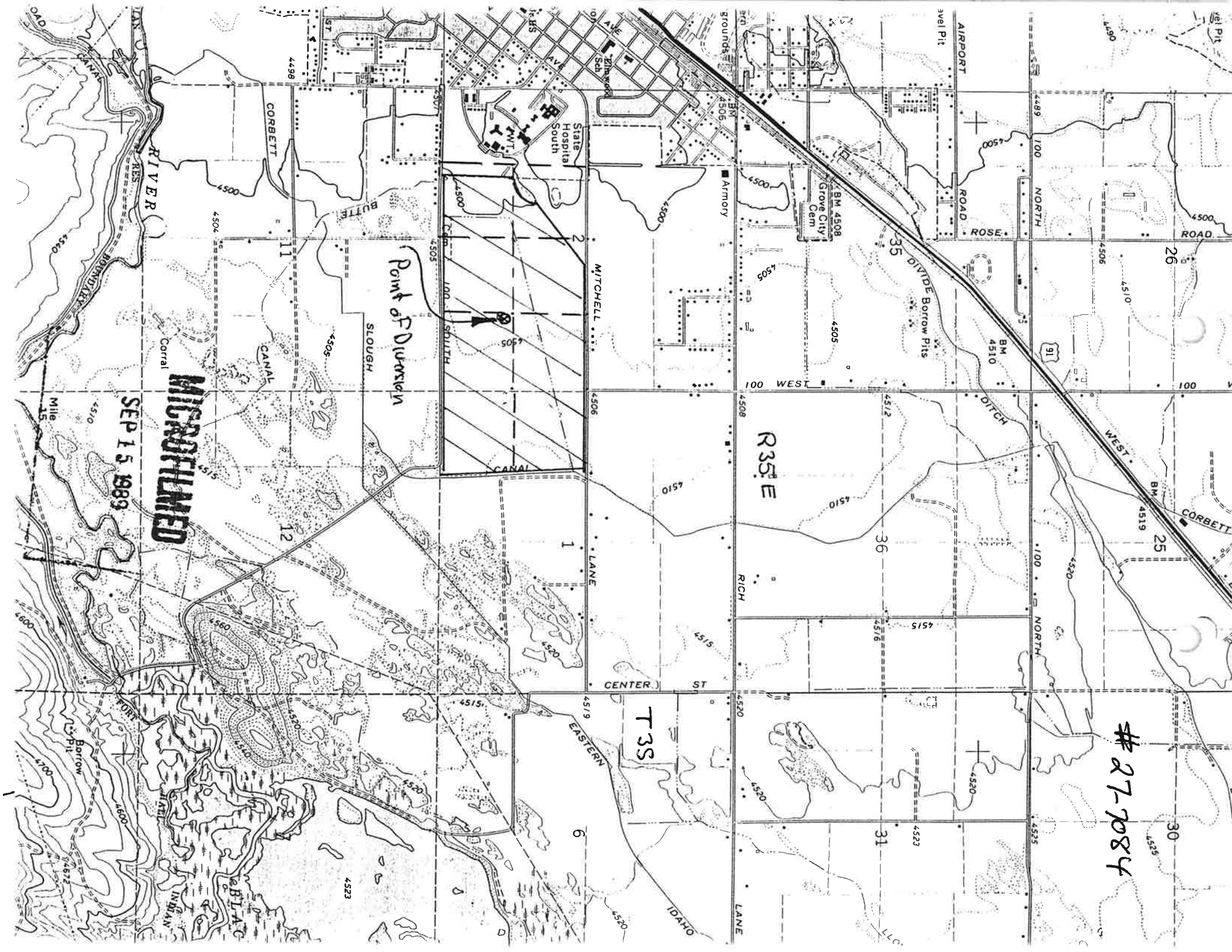
27-7084

T 35

R 35 E

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SEP 15 1989



44-38861-300

סיכור: 1000
סכור: 1000

325

2000

35

3E NW

NE SH
NW SH
SW SH
SE SH
SH SE

SESE

02

MENE

SHNH
SENH
NESH
SESH
NESE
NHSE
SHSEIDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHTS BY PLACE OF USE

PAGE 53
13/20/2009

WATER RIGHT NUMBER	LAST NAME	OWNER CODE	STAGE	PRIORITY DATE	SOURCE OF WATER
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
14	14	14	14	14	14
15	15	15	15	15	15
16	16	16	16	16	16
17	17	17	17	17	17
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41	41	41	41	41	41
42	42	42	42	42	42
43	43	43	43	43	43
44	44	44	44	44	44
45	45	45	45	45	45
46	46	46	46	46	46
47	47	47	47	47	47
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49	49	49	49	49	49
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52	52	52	52	52	52
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54	54	54	54	54	54
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62	62	62	62	62	62
63	63	63	63	63	63
64	64	64	64	64	64
65	65	65	65	65	65
66	66	66	66	66	66
67	67	67	67	67	67
68	68	68	68	68	68
69	69	69	69	69	69
70	70	70	70	70	70
71	71	71	71	71	71
72	72	72	72	72	72
73	73	73	73	73	73
74	74	74	74	74	74
7					

[illegible]

MICROFILMED

SEP 15 1989

REFUND REQUEST

late file
2-21-95

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: _____ Date: 2-08-95
 SUBJ: Receipt No. T011572 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR IDAHO DEPT. HEALTH & WELFARE
 Address STATEHOUSE
BOISE

Claimant(s) if NOT Payor _____
 Refund Amount \$ 277 Claim Location (Region/Claimant) _____
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # _____
 S.O. Verified Ext. by _____ on _____ D.B. Query by _____
 Refund Generated By () Agent () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn () o-pmt

Date of Last Correspondence (copy attached) 7-23-92

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>A27-07084</u>	<u>IRR.</u>	<u>\$ 327</u>	<u>50</u>	<u>T011572</u> ←
<u>A01-00047E</u>	<u>IRR</u>	<u>\$4611.53</u>	<u>4611.53</u>	<u>E008113</u>
<u>A01-00048</u>	<u>IRR.</u>	<u>\$ 50</u>	<u>50</u>	<u>"</u>
<u>A01-00304</u>	<u>IRR.</u>	<u>\$ 50</u>	<u>50</u>	<u>"</u>
<u>A27-07084</u>	<u>IRR</u>	<u>\$ 50</u>	<u>50</u>	<u>E008369</u>
Total		<u>\$5088.53</u>	<u>\$4761.53</u>	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N ()
THE 01 CLAIMS ARE THOSE OF CORBETT SLOUGH COMPANY
THAT FIRST CLAIMED & PAID VARIABLE FEES THAT COVER
SAME LANDS OF H&W CLAIM A27-D7084. FLAT FEE
ON E008369 REFUNDED APPROVED 2-07-95.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval DBS
 Don Shaff Approval [Signature] Hold _____ To Fiscal ✓ 02-09-95
 2-08-95
 Logged 02-09-95
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____

MICROFILMED
NOV 13 1995

REFUND REQUEST

SUBMITTED TO AUDITOR

ON 2-10-95

TO: S. Frazee to Log In
 FOR: J. Carlson/D. Shaff/D. Allen
 FROM: John Carlson S. Sherman

DATE: 9/13/92

RE: Payor Wasia Farms
 Address c/o Dick Wasia
 54 N. 50 E.
 Blackfoot ID 83221

Claimant if NOT Payor H+ W, Div. of Community Rehab

Refund Amount \$ 50

Claim Location Region attached.

Extension Filed? Y/N NA

Copy Attached? Y/N NA

Late Fees Paid? Y/N NA

On Receipt # E008369

S.O. Verified Ext. by on

Refund Generated By () Agent (X) Claimant

Refund Category withdrawal.

Date of Last Correspondence (copy attached) 07-23-92

Claim No.	Use	Fees Paid	Correct Fee	Rec't #
A27-07084	Inv.	\$ 50 ⁰⁰	50 ⁰⁰	E008369

Detailed Reason(s) for Refund Attached Y/N

yes - 7-23-92 ltr from claimant

Region Adj. Supervisor Approval CF
 Don Shaff Approval 2-07-95
 Not Refunded as of 8/13/92
 Data Base Modified? (Y) N NA By

John Carlson Approval CF
 Hold To Fiscal 02-09-95
 Logged 02-03-95
 Date 8/13/92

H+ W submitted 2 claims for A27-07084
 Hospital South 5-31-89 with Wasia Farms paying flat fee.
 H+ W Boise 5-16-89/7-06-89 via Elec. Trans. TO 11572 2-12-89.
 With Hosp. South withdrawing its claim, Wasia can
 have fee refunded.

12/30/91

MICROFILMED
 NOV 13 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

PHILIP E. BATT
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

February 8, 1995

WASIA FARMS
C/O DICK WASIA
54 N 50 E
BLACKFOOT ID 83221

RE: Snake River Basin Adjudication (SRBA)
Bingham County - Notice of Claim #A27-07084
Health & Welfare, State Hospital South

Dear Claimant:

The Department of Health and Welfare, State Hospital South, withdrew their notice of claim referenced above in favor of a duplicate claim filed by Health & Welfare in Boise which also paid filing fees. The fees you paid for the Hospital South notice of claim can be refunded. The refund process has been initiated with the State Auditor's Office. You should receive your check in the near future.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Donald V. Shaff', written over a horizontal line.

Donald V. Shaff
Manager, Adjudication Section

DVS:sf:ref

MICROFILMED
NOV 13 1996

MICROFILMED
NOV 13 1996



State of Idaho
DEPARTMENT OF HEALTH AND WELFARE
Division of Community Rehabilitation
State Hospital South

P.O. Box 400
Blackfoot, Idaho 83221-0400
(208) 785-1200

RICHARD P. DONOVAN
Director

JOSEPH R. BRUNSON, ACSW
Administrator

STEPHEN C. WEEG
Administrative Director

July 23, 1992

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

RECEIVED

JUL 24 1992

Office of the Attorney General
Health & Welfare Division

RE: SRBA Claim to A27-07084

Dear Mr. Carlson:

Please be advised that State Hospital South wishes to withdraw its claim to Water Right A27-07084. This claim is duplicated by the claim filed by the Attorney General's office for State Hospital South.

Sincerely,

Stephen C. Weeg
Administrative Director

MS
SCW:vr



Printed on Recycled Paper

MICROFILMED
NOV 13 1996

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

JUL

6 1989

FOR AGENCY USE

1170	
Delivery Date	Billing Date
	6/21/89
Agency Code	
193002	

TO: (Paying Agency)

Health and Welfare
 Community Rehabilitation
 Statehouse Mail

FROM: (Billing Agency)

Water Resources
 Statehouse Mail

INSTRUCTIONS:

1. 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.
2. 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.
3. 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 (see attached)				327 00

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 10 162	9337	64 90	327 00	

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

☐ PARTIAL ☐ FINAL					Encumbrance Reference Number:							
Agency Code	Line	Program			Acct.	Exp. Class		% of Total	Amount		For Agency Use	
136001	1	73	33	342	3821	81	11		327	00	/	
TOTAL								100%=		327	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)

MICROFILMED

JUL 13 1989



State of Idaho

DEPARTMENT OF HEALTH AND WELFARE

State Hospital South

WILLIAM M. BONNES
Administrative Director

P.O. Box 400
Blackfoot, Idaho 83221
(208) 785-1200

May 26, 1989

RECEIVED

MAY 30 1989

Department of Water Resources
Eastern District Office

Mr. Paul Meyer
Senior Water Rights Agent
Adjudication Bureau
Department of Water Resources
150 Shoup Avenue, Suite 15
Idaho Falls, Idaho 83401

SUBJECT: Filing Notice Of Claim

Dear Mr. Meyer:

Please find attached a Notice Of Claim to a water right for State Hospital South land leased to Mr. Dick Wasia, Wasia Farms, 54 North, 50 East, Blackfoot, Idaho 83221. A filing fee in the amount of \$50.00 is also attached.

This fee has been determined pursuant to instructions set forth by your agency: i.e., "Irrigation use (one fee irrespective of number of claims): \$1.00 per acre." The \$1.00 per acre fee was paid by the Corbett Slough Ditch Company of Blackfoot, Idaho. The remainder of the dollar amount of the enclosed check is to be applied to the enclosed Application for Permit.

If you have any questions on this matter, please contact Mr. Wasia at 208/785-1921.

Sincerely,

Dennis Larsen, Director
Maintenance and Operations

DL:drs

cc: Mr. Dick Wasia

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NOV 12 1992



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

EXPENDITURE VOUCHER

A27-07084
AUDITOR USE

STATE OF IDAHO
Office of State Auditor

AGENCY USE

Date
5-15-89
Code
136001

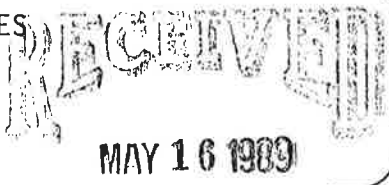
VENDOR: If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME: DHW/Community Rehabilitation
10th Floor Towers 334-5531

Document No.	
Pre-Audit	Date
Warrant No.	

PAY
TO

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



CHECK ONE:

(XXX) MISCELLANEOUS EXPENDITURE

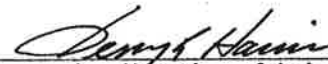
() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
ENCUMBRANCE REQUISITION

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No.

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	73 33 342	3821	81	11	Court filing fees in connection with Snake River Basin Water Right Adjudication Act SHS/Irrigation \$ 50.00 filing fee \$277.00 variable irrig \$327.00	327.00	1
APPROVED:  Jerry L. Harris, Administrator						TOTAL	327.00

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.

Date

Head of Agency or Institution

State Auditor

SCANNED

JUL 13 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

RECEIVED

AUG 28 1992

Ident. Number: A27-07084
Date Received: 5/31/1989
Receipt No: T011572
Received By: _____

Department of Water Resources

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

AMENDED

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

2. Date of Priority: MAY 9, 1977

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	35E	2	SE	SE			BINGHAM

5. Description of diverting works:
WELL, PUMP AND PIPELINES FOR SPRINKLER IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	3.110		969.50

7. Total Quantity Appropriated is:
3.110 C.F.S. (and/or) 969.50 A.F.A.

8. Total consumptive use is 692.5 Acre Feet Per Annum.

9. Non-irrigation uses:
N/A

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	35E	1	NW	SW		IRR	38.0
			SW	SW		IRR	38.0

MICROFILMED
NOV 13 1996

A27-07084

Page 1

Date: 08/21/92

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	76.0
		2	NE	SW	IRR	14.0
			SE	SW	IRR	34.0
			NE	SE	IRR	39.0
			NW	SE	IRR	36.0
			SW	SE	IRR	39.0
			SE	SE	IRR	39.0
					Section Acres	201.0
					Total Acres	277.0

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:
N/A

14. Remarks:
INFORMATION IN THIS CLAIM IS BASED ON FIELD EXAM CONDUCTED
1 AUGUST 1985.

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: _____

MICROFILMED

NOV 13 1996

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

8/27/92

Date

State of Idaho)
County of ADA) SS.

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

[Signature]
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 [Signature]
DEPUTY ATTORNEY GENERAL
Address 450 W STATE STREET - 10TH FLOOR
BOISE ID 83720-5450
Date 8/27/92

MICROFILMED
NOV 13 1996

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: **A27-07084**
Date Received: 5/31/1989
Receipt No: E008369
Received By: _____

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

1. Name: STATE OF IDAHO 208-785-1200

Address: DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH

~~PO BOX 400~~ 450 W. State 10th FL WB
~~BLACKFOOT ID~~ Boise, Id. 83221
83720

2. Date of Priority: MAY 9, 1977

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	35E	2	SE	SE			BINGHAM

5. Description of diverting works:
WELL, PUMP AND PIPELINES FOR SPRINKLER IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	3.110		969.50

7. Total Quantity Appropriated is:
3.110 C.F.S. (and/or) 969.50 A.F.A.

8. Total consumptive use is 692.5 Acre Feet Per Annum.

9. Non-irrigation uses:
N/A

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	35E	1	NW	SW		IRR	38.0
			SW	SW		IRR	38.0

MICROFILMED
NOV 13 1996

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	76.0
		2	NE	SW	IRR	14.0
			SE	SW	IRR	34.0
			NE	SE	IRR	39.0
			NW	SE	IRR	36.0
			SW	SE	IRR	39.0
			SE	SE	IRR	39.0
					Section Acres	201.0
					Total Acres	277.0

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:
N/A

14. Remarks:
INFORMATION IN THIS CLAIM IS BASED ON FIELD EXAM CONDUCTED
1 AUGUST 1985.

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
_____, that I have signed the foregoing
_____, that I have signed the foregoing
document in the space below as _____ of
_____, and that the statements contained in the
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 _____

27⁰⁰ X

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: A27-07084
Date Received: 5/16/1989
Receipt No: E008369
Received By: DDM

RECEIVED

MAY 30 1989

Department of Water Resources
Eastern District Office

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: STATE OF IDAHO
Address: DEPT. OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
P.O. BOX 400
BLACKFOOT, ID

208-785-1200

83221

2. Date of Priority: MAY 09, 1977

3. Source: GROUNDWATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03S	35E	2	SE	SE			BINGHAM

5. Description of diverting works:
WELL, PUMP AND PIPELINES FOR SPRINKLER IRRIGATION.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	3.110		969.50

7. Total Quantity Appropriated is:
3.110 C.F.S. (and/or) 969.50 A.F.A.

8. Total consumptive use is 692.5 Acre Feet Per Annum.

9. Non-irrigation uses:
N/A

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03S	35E	1	NW	SW		IRR	38.0

A27-07084

Page 1

Date: 05/16/89

A2707084



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NOV 12 1992

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
03S	35E	1	SW SW		IRR	38.0

Section Acres 76.0

2	NE	SW	IRR	14.0
	SE	SW	IRR	34.0
	NE	SE	IRR	39.0
	NW	SE	IRR	36.0
	SW	SE	IRR	39.0
	SE	SE	IRR	39.0

Section Acres 201.0

Total Acres 277.0

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:

N/A

14. Remarks:

INFORMATION IN THIS CLAIM IS BASED ON FIELD EXAM CONDUCTED
1 AUGUST 1985.

15. Basis of Claim: LICENSE

MICROFILMED

NOV 12 1992

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 Administrative Director of
Title
State Hospital South, DHW, State of Idaho that I have signed the foregoing
Organization
document in the space below as Administrative Director of
Title
State Hospital South and that the statements contained in the
Organization
foregoing document are true and correct.

[Signature]
Signature of Authorized Agent

Administrative Director, SHS
Title and Organization

May 26, 1989
Date

State of Idaho)
County of Burgham) SS.

Subscribed and sworn (or affirmed) before me this 26th day
of May 19 89
[Signature]
Notary Public

Seal

Residing at Blackfoot
My Commission Expires 1/6/93

Needs Review

BM 4508
Grove City
Ohio

A27-07084

100 WEST

T2S

T3S

R35E

R36E

P/D

P/U

State
Hospital
Building

MTC

LANE

EASTERN

36

39

38

39

39

38

MICROFILMED

NOV 12 1992

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number

A27-07084

Date Received

T 011572

Receipt Number

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
MAY 16 1989

Department of Water Resources

Please type or print clearly

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

2. Date of Priority (Only one (1) per claim) 5/09/77

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

4. a. Location of existing point of diversion is: Township 03S Range 35E Section 2,
SE 1/4 of SE 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of Bingham

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 and sprinklers

MICROFILMED
NOV 13 1996

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 4/01 to 11/01 amount 3.11 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 3.11 (cfs) and/or (b) _____ (acre feet)

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

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

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	
03S	35E	1									38								38
03S	35E	1											38						38
03S	35E	2									14								14
03S	35E	2												34					34
03S	35E	2													39				39
03S	35E	2														36			36
03S	35E	2															39		39

03S 35E 2 Total number of acres irrigated 39 39

Total number of acres irrigated: 277

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 X No _____
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.
See proof reading report or None ()

14. Remarks:

MICROFILMED
NOV 13 1996

Last Name _____ Ident No. A27-07084

Copies: White -State, Yellow-Claimant

15. Basis of Claim (check one) Benificial Use _____ Posted Notice _____ License _____ Permit X

Decree _____

If applicable provide IDWR Water Right Number 27-07084

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 _____

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 , that I have signed the foregoing

Organization

document in the space below as Attorney of Department of Health & 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 5/04/89

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

Subscribed and sworn (or affirmed) before me this 4th day of May 19 89

SEAL

Notary Public Patty McNeill

Residing at Boise

My Commission Expires 6/07/91

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, Michael Stoy, Deputy Attorney 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 5/04/89

Last Name _____ Ident. Number A27-07084

Copies White-State, Yellow-Claimant