

02/05/2004

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

RIGHT NUMBER: 27-11987

NAME AND ADDRESS: STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
PO BOX 400
BLACKFOOT ID 83221

U010

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.440 CFS
88.000 AFY

irrigation of the lands above.
This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 4.0 afa per acre at the field headgate for

PRIORITY DATE: 04/01/1899

POINT OF DIVERSION:

T03S R35E S2 NESWSW Within BINGHAM County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	04/01 10/31	0.440 CFS 88.00 AFY

PLACE OF USE: IRRIGATION Within BINGHAM County

T03S R35E S02	NWSW	3.0	T03S R35E S02	SWSW	16.0
T03S R35E S02	SESW	1.8	T03S R35E S02	SWSE	1.2

22 ACRES TOTAL

THIS RIGHT IS LIMITED TO THE IRRIGATION OF 22 ACRES WITHIN THE
PLACE OF USE DESCRIBED ABOVE IN A SINGLE IRRIGATION SEASON.

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: **Beneficial Use**

Corbett Slough Ditch Company water is also used on the above described POU.

RIGHT NO. 27-11188 IS ALSO DIVERTED THROUGH POINT OF DIVERSION DESCRIBED ABOVE.



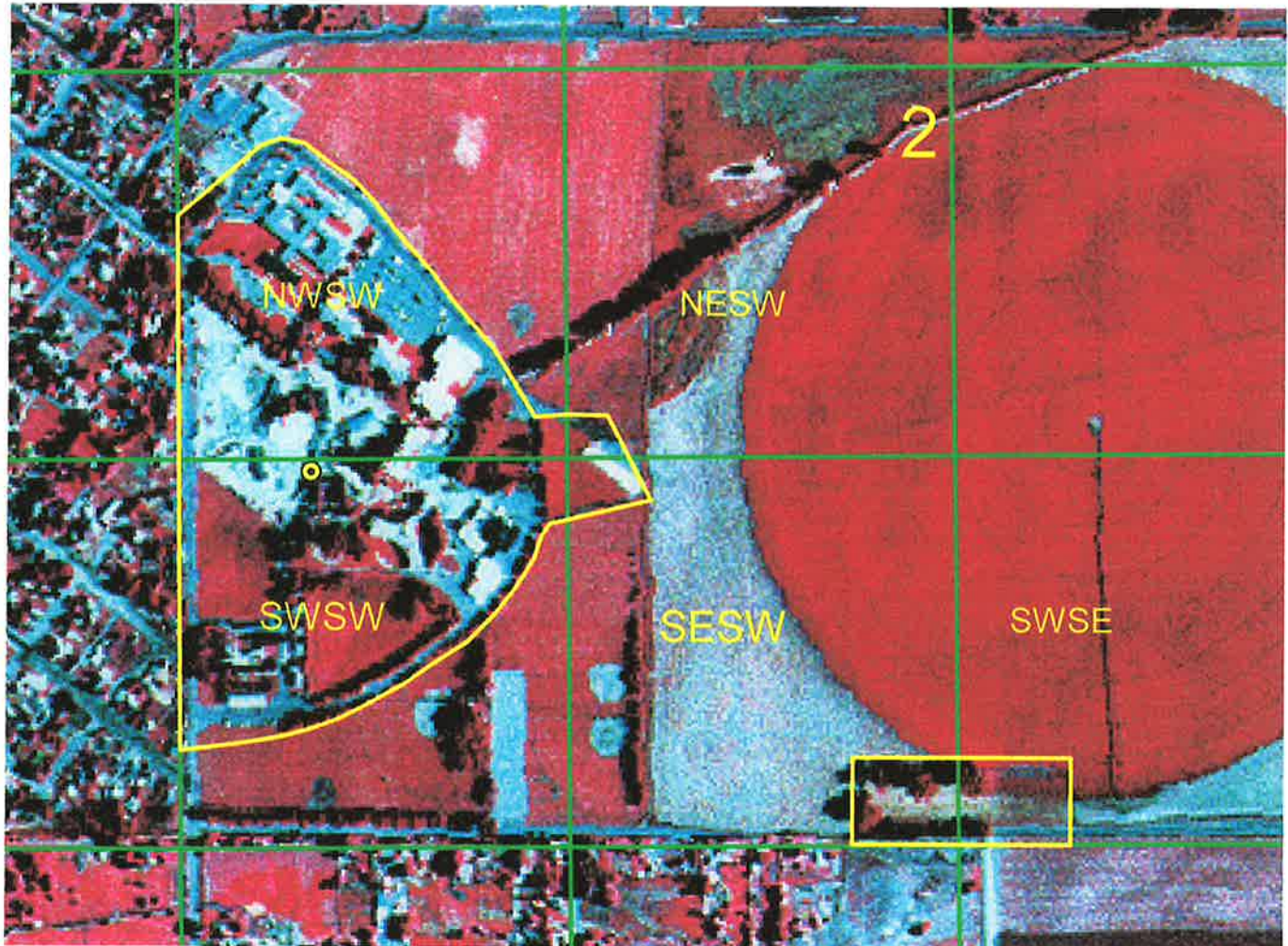
STATE OF IDAHO

Department of Water Resources

Eastern Region



Water Right(s) 27-11188 & 27-11987



400 0 400 800 Feet



IRRIGATED ACRES: 28

LEGEND

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

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

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



GIS Place of Use Illustration
1987/88 NAPP Photography
Prepared by: B. Payne
Date: February 2004

SCANNED
MAY 25 2006
PROFILED

IDAHO DEPARTMENT OF WATER RESOURCES RECOMMENDED
WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 27-11987

NAME AND ADDRESS:

STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
PO BOX 400
BLACKFOOT ID 83221

SOURCE:

Source:
GROUND WATER

Tributary:

QUANTITY:

0.440 CFS
88.000 AFY

This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 4.0 afa per acre at the field headgate for irrigation of the lands above.

PRIORITY DATE:

04/01/1899

POINT OF DIVERSION:

T03S R35E S2 NESWSW
Within BINGHAM County

**PURPOSE AND
PERIOD OF USE:**

Purpose of use	Period of use:	Quantity:
IRRIGATION	04/01 10/31	0.440 CFS 88.00 AFY

PLACE OF USE:

IRRIGATION within BINGHAM County

T03S R35E S02 NESW 1.8
T03S R35E S02 NWSW 3.0
T03S R35E S02 SWSW 13.6
T03S R35E S02 SESW 2.4
T03S R35E S02 SWSE 1.2

~~T03S R35E S02 SWSW 16.0~~
~~T03S R35E S02 SESW 1.8~~

IDAHO DEPARTMENT OF WATER RESOURCES RECOMMENDED
WATER RIGHTS ACQUIRED UNDER STATE LAW

22 ACRES TOTAL

~~THIS RIGHT IS LIMITED TO THE IRRIGATION OF 22 ACRES WITHIN THE PLACE OF
USE DESCRIBED ABOVE IN A SINGLE IRRIGATION SEASON.~~

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 - Beneficial Use

RIGHT NO. 27-11188 IS ALSO DIVERTED THROUGH POINT OF DIVERSION
DESCRIBED ABOVE.

Corbett Slough Ditch Company water is also used on the above described POU.

~~Corbett Slough Ditch Company water is also used on the above described POU.~~

~~RIGHT NO. 27 11188 IS ALSO DIVERTED THROUGH POINT OF DIVERSION
DESCRIBED ABOVE.~~

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- 11987

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. Barber 7/25/2006
Date

Date

STANDARD FORM 5

RECEIVED

AUG 02 2006

Department of Water Resources
Eastern Region

OBJECTOR(s):

David Barla 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: 27-11987
NAME AND ADDRESS: STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
PO BOX 400
BLACKFOOT ID 83221

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.440 CFS
88.00 AFY

This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 4.0 afa per acre at the field headgate for irrigation of the lands above.

PRIORITY DATE: 04/01/1899

POINT OF
DIVERSION: T03S R35E S2 NESWSW Within BINGHAM County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	04/01 10/31	0.440 CFS 88.00 AFY

PLACE OF USE: IRRIGATION Within BINGHAM County

T03S R35E S02	NWSW	3.0	T03S R35E S02	SWSW	~~16.0~~ 13.6
T03S R35E S02	SESW	~~1.8~~ 2.4	T03S R35E S02	SWSE	1.2
T03S R35E S02	NESW	1.8			

22 ACRES TOTAL

~~THIS RIGHT IS LIMITED TO THE IRRIGATION OF 22 ACRES WITHIN THE
PLACE OF USE DESCRIBED ABOVE IN A SINGLE IRRIGATION SEASON.~~

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 - Beneficial Use

Corbett Slough Ditch Company water is also used on the above described POU.

RIGHT NO. 27-11188 IS ALSO DIVERTED THROUGH POINT OF DIVERSION DESCRIBED ABOVE.

CERTIFICATE OF MAILING

I certify that on July 29, 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 83720-4449

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



Signature of person or attorney mailing the form

02/05/2004

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.

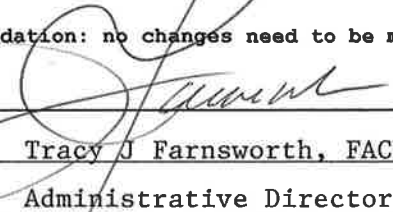
YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:

Water right number: 27-11987

STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
PO BOX 400
BLACKFOOT ID 83221
Telephone Number: (208) 785-1200

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:
Minor adjustment to point of diversion as noted on attached map.
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: 

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 25 2006

PROFILED

KMJ
7/12/05

15 West Center
Soda Springs, ID 83276
Phone (208) 547-3993
FAX (208) 547-3939

Idaho Department of Water Resources

FAXED
4-6-05

Fax

To: Dennis Larsen

From: Barbara Payne

Fax: 785-8450

Pages: 78

Phone:

Date: 4/6/2005

Re: 27-11987

CC:

As requested, this FAX contains the following documents:

Notice of Claim to a Water Right (4 sheets) as submitted by the Dept..

Notice of Claim to a Water Right (2 sheets) as recorded by IDWR.

Letter dated December 5, 2003 from Cindy Bird to Dennis Larsen.

Hope these documents help locate your file.

Barbara Payne





State of Idaho

DEPARTMENT OF WATER RESOURCES

15 West Center Street, Soda Springs, ID 83276

Phone: (208) 547-3993 Fax: (208) 547-3939 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

December 5, 2003

Dennis Larsen
700 East Alice
P.O. Box 400
Blackfoot, Idaho 83221

Ref: 27-11188

Subject: Additional 22 acres of irrigation.

Dear Mr. Larsen;

I've been reviewing the information you sent to me before Thanksgiving. I feel that the evidence you submitted would support an irrigation claim for the 22 acres with a 4/1/1899 priority date. I don't feel that the priority date of July 18, 1886 under 27-11188 supports that much irrigation but the later date does. The documents support the domestic and irrigation of 3 acres with the 1886 date and the 22 acres needs a new claim filed with the later priority date. I've included a notice of claim for your convenience to file. The fee would be a flat \$50.00 filing fee and \$1.00 per acre of 19 acres or a total of \$69.00. It's only 19 acres because the other three acres was paid for under 27-11188.

Please fill out and return the enclosed form to our Idaho Falls office at 900 N. Skyline Dr., suite A, Idaho Falls, 83402-1718 as soon as possible so your claims can be processed. If you have any additional questions please feel free to contact me at the office, 547-3993. Happy Holidays.

Respectfully,

Cindy E. Bird
Adjudication Bureau

Enclosed: Notice of Claim form
42-1409 (2) a 1/88

Notes

1/30/04 file 27-11188 has interrupted
report and diversion rate at 1.86 cts.
27-11188 for the spatial map
Barbara see,
with Pou outlined. Create a layout
for both 27-11188 & this claim.
4-6-05 Forward copies to Dennis Lensen. He
couldn't find his file. BP

Contacts Data Entry Form

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

Current Owner See Above

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

Current Owner _____

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:

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 slightly aged or off-white. There is no handwriting or other markings on the page.

Reviewer:

Date: 7/30/04

Priority Date Data Entry Form

Claim Number: 27-11987

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:

historical documents in file
27-11188Reviewer: CBDate: 1/30/04

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 (X)
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 (X)
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 (X)
If Yes, go to 10e
If No, go to 8
8. Is the basis of claim a posted notice? Yes () No (X)
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 (X) No ()
If Yes, go to 16
If No, Enter the appropriate basis of claim. B. 21
16. Is a Priority Date remark and/or condition required? Yes () No (X)
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: 27-11987

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: _____						

Other rights from this POD? _____

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

IA TRIPID Engineering

_____Transfers Changing POD noReviewer: CBDate: 1/30/04

Point of Diversion

Claim No. 27-11987

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 POD as shown on the Permit. Go to 10

4. Does the parent right have a POD?

Yes () No ()

If Yes, go to 5

If No, go to 6

5. Can the claimed POD be verified using the water right file?

Yes () No ()

If Yes, recommend the POD as shown in the water right file. Go to 10

If No, go to 6

6. Is there evidence that there has been a change in the POD?

Yes () No (☒)

If Yes, go to 7

If No, go to 9

7. Can the change be verified as an accomplished transfer?

Yes () No ()

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

8. Was a transfer filed?

Yes () No ()

If Yes, recommend the POD as shown on the approved transfer. Go to 10

If No, go to 9

9. Does the file contain all of the necessary information to verify the POD?

Yes (☒) No ()

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

10. Is a POD remark and/or condition required?

Yes () No (☒)

If Yes, enter the appropriate remark and/or condition. POD review is complete

If No, POD review is complete.

Source

Claim No. 27-11987

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 (☒)

Place Of Use Data Entry Form

Claim Number: 27-11987☒ 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 22

Document how the POU was verified:

1987 Aerial photography

Transfers Changing POU noReviewer: CBDate: 4/30/04

Place of Use

Claim No. 27-11987

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 ☒

Purpose of Use Data Entry Form

Claim Number: A 27-16 D☒ 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
Irrigation			22	

Document how the Purpose of Use was verified:

1987 Napp photography
Intrepid Eng.Transfers Changing Purpose of Use noReviewer: CBDate: 4/30/04

Purpose of Use

Claim No. 27-11987

1. Is the basis of claim a Decree or License?
If Yes, go to 4
If No, go to 2
Yes () No (X)
2. Is the basis of claim a Permit or Application?
If Yes, go to 3
If No, go to 6
Yes () No (X)
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 (X)
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 (X) 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 (X)

Period of Use and Quantity Data Entry Form

Claim Number: A27-16D☐ 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
Irrigation	4/1	10/31	0.44	88

Overall Diversion Rate 0.44 Overall Diversion Volume 88

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

IPWR STD

Reviewer: CBDate: 1/30/04

Period 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 (X)
2. Is the basis of claim a Permit or Application?
If Yes, go to 3
If No, go to 6
Yes () No (X)
3. Has the License been issued?
If Yes, go to 5
If No, recommend the Period of Use as shown on the Permit. Go to 18
Yes () No ()
4. Does the parent right have a Period of Use?
If Yes, go to 5
If No, go to 6
Yes () No ()
5. Can the claimed Period of Use be verified using the water right file?
If Yes, go to 14
If No, go to 6
Yes () No ()
6. Is there evidence that there has been a change in the Period of Use?
If Yes, go to 7
If No, go to 12
Yes () No (X)
7. Does the change include an enlargement in the Period of Use?
If Yes, go to 9
If No, go to 8
Yes () No ()
8. Can the change be recommended as an accomplished transfer?
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
Yes () No ()
9. Was an enlargement claim filed?
If Yes, go to 12
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 12
If No, recommend the Period of Use as it existed on 11-19-1987, subject to completing the review. Go to 12
Yes () No ()
11. Was a transfer filed?
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
Yes () No ()
12. Does the file contain all of the necessary information to verify the Period of Use?
If Yes, go to 13
If No, collect the necessary information. Conduct field exam if necessary. Go to 13
Yes (X) No ()
13. Is the basis of claim a decree, license or a transferred beneficial use right that has had the Period of Use administratively determined?
If Yes, go to 14
If No, go to 15
Yes () No (X)
14. Is irrigation claimed as a purpose of use?
If Yes, go to 16
If No, recommend the Period of Use of the parent right. Go to 18
Yes () No ()
15. Is irrigation claimed as a purpose of use?
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
Yes (X) No ()
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?
If Yes, go to 17
If No, recommend the Period of Use of the parent right. Go to 18
Yes () No ()
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?
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
Yes () No (5)
18. Is a Period of Use remark and/or condition required?
If Yes, enter the appropriate remark and/or condition. Period of Use review is complete.
Yes () No (X)

Quantity

Claim No. 27-11987

1. Is the basis of claim a Decree or License?

If Yes, go to 4
If No, go to 2

Yes () No (X)

2. Is the basis of claim a Permit or Application?

If Yes, go to 3
If No, go to 6

Yes () No (X)

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 (X)

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 (X)

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 (X) 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 (X) 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 (X) No ()

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Summary

Claim No. 27-11987

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 (X)
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 (X) 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 (X) 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 (X) 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 (X)
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 (X)
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 (X) No ()

Summary Data Entry Form

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

C18

K06 Pou-I Remark (22 acres)

R04 Q ty Cond.

Exp. Rem. Corbett Slough Ditch Company water is
also used on the above described Pond.

F05 Exp Rem. 27-11188

Split or Combined Right Analysis:

no

Attached Field Notes or Other Documents:

See file 27-11188 for subtyped Engineering
notes.

Claim No.:

27-11987

Reviewer

CB

Date

1/30/03

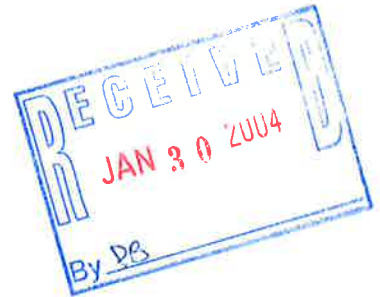
IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

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 27-11987
Date Received: 1/21/2004
Receipt No:
Received By:

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



1. Name of Claimant(s)

STATE OF IDAHO Phone: (208)785-1200
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
PO BOX 400
BLACKFOOT ID USA 83221

2. Date of Priority: 04/01/1899

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
03S	35E	2	NE SW SW	BINGHAM	

5. Description of diverting works:

FACTS ABOUT THE EXISTING WELL: DEPTH: 868 FT, PUMP BOWL ASSEMBLE: SET AT 160 FT, CASING: 50 HP JOHNSON MODEL 10 CC 6-STAGE, DRILLED: 1957. THIS WELL REPLACED PREVIOUS WELL(S) DRILLED (OR EXTENDED) AT THE SAME APPROXIMATE LOCATION BEGINNING IN 1887. AN ELECTRIC PUMP WAS FIRST INSTALLED ON THE INITIAL WELL IN 1899, PROVIDING GREATER AND DEPENDABLE WATER SUPPLY FOR FACILITY OPERATIONS.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/01	11/01	0.44	

7. Total Quantity Appropriated is:
0.44 C.F.S. and/or 88 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
03S	35E	2	NW	SW	IRRIGATION	3
			SW	SW	IRRIGATION	16
			SE	SW	IRRIGATION	1.8
			SW	SE	IRRIGATION	1.2
					Section Acres	22
					Total Acres	22

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:

14. Remarks:

OTHER RIGHTS BEING USED: RIGHTS FOR IRRIGATION ARE ALSO HELD IN THE CORBETT SLOUGH DITCH COMPANY.

ATTACHED FOR REFERENCE IS A LETTER FROM CINDY E BIRD, ADJUDICATION BUREAU, TO DENNIS LARSEN, STATE HOSPITAL SOUTH, REGARDING THIS CLAIM.

15. Basis of Claim: Beneficial Use

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 27-11987

Date Received _____

Receipt Number _____

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

RECEIVED

JAN 20 2004

Department of Water Resources
Eastern Region

Please type or print clearly

State of Idaho
Department of Health & Welfare
State Hospital South

Phone (208) 785-1200

1. Name of Claimant (s) _____

Mailing Address PO Box 400, Blackfoot, IDZip 832212. Date of Priority (Only one (1) per claim) April 1, 18993. Source of water supply (a) Ground Water

which is tributary to (b) _____

4. a. Location of existing point of diversion is: Township 3S Range 35E Section 2,
NE 1/4 of SW 1/4 of SW 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. Facts about the existing well: _____Depth: 868 ft.Pump Bowl Assemble: Set at 160 ft.Casing: 12 inch O.D. 60 lbs/ftPump: 50 hp Johnson Model 10CC 6-StageDrilled: 1957

This well replaced previous well(s) drilled (or extended) at the same approximate location
beginning in 1887. An electric pump was first installed on the initial well in 1899,
providing greater and dependable water supply for facility operations.

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 4-1 to 11-1 amount 0.44 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.44 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 88 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	
3S	35E	2										3	16	1.8			1.2		22

Total number of acres irrigated 22

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.
Rights for irrigation are also held in the Corbett Slough Ditch Company or None ()

14. Remarks:

Attached for reference is a letter from Cindy E. Bird, Adjudication Bureau, to
Dennis Larsen, State Hospital South, regarding this claim.

Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

Scale: 2 inches equals 1 mile

The image shows a 20x20 grid map. The river is represented by a path of dashed lines. It starts at the top center (row 1, column 10), flows left to row 1, column 5, then right to row 1, column 15, then down to row 10, column 15, and finally left to row 10, column 5. A black dot at row 10, column 5 marks the 'Point of Diversion'. The area to the right of the river is labeled 'Section 1' and the area to the left is labeled 'Section 2'. The grid is divided into four quadrants by a vertical line at column 10 and a horizontal line at row 10. The quadrants are labeled 'Section 1' (top right), 'Section 2' (top left), 'Section 1' (bottom right), and 'Section 2' (bottom left). The river path is marked with dashed lines, and the boundaries of the sections are marked with solid lines.

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number _____
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 Administrative Director
Title _____

of State Hospital South , that I have signed the foregoing
Organization _____

document in the space below as Administrative Director of State Hospital South
Title _____ Organization _____

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____

Title and Organization _____

Raymond J. Fubler
Administrative Director Date 1/15/2004

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

Subscribed and sworn (or affirmed) before me this 15th day of January 192004

Notary Public _____

Residing at _____

My Commission Expires _____

Please Print Name

17. Notice of Appearance.

Notice is hereby given that I, _____ will be acting as attorney at law on behalf
of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above
should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant