

RECEIVED

MAY 18 2004
05/05/2004IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

Department of Water Resources

RIGHT NUMBER: 74-954
 NAME AND ADDRESS: GERALD R MORPHEY
 PO BOX 625
 SALMON ID 83467-0625
 ROSE H MORPHEY
 PO BOX 625
 SALMON ID 83467-0625

SOURCE: FERRY CREEK

TRIBUTARY: MILL CREEK

QUANTITY: 1.220 CFS

PRIORITY DATE: 05/08/1917

POINT OF DIVERSION:
 T16N R25E S6 NWSW Lot 6 Within LEMHI County

PURPOSE AND
 PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	3/15 11/15 3/01	1.220 CFS

PLACE OF USE: IRRIGATION Within LEMHI County

T16N R25E S06 Lot 4 NWNW	24.0	T17N R25E S31 Lot 4 SWSW	17.0
T17N R25E S31	SESW 20.0		

61 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 - Decreed

The green book reads
 ↓
 LOT 5, S. 6 Sec. 6
 T 16 N, R 25 E
 For Point of diversion

(Place of use)
 IN green book reads
 ↓
 LOT 4
 T 16 N, R 25 E
 SEC 31
 LOT 4,
 SE 1/4 SW 1/4,
 T 17 N, R 25 E

05/05/2004

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: May 21, 2004

Water right number: 74-954

GERALD R MORPHEY
PO BOX 625
SALMON ID 83467-0625
Telephone Number: (208) ~~756-2718~~

940-1963

ROSE H MORPHEY
PO BOX 625
SALMON ID 83467-0625
Telephone Number: (208) ~~756-2718~~

940-0044

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:

*Please see FIRST PAGE
I START IRRIGATING NOW!*

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

DATE: 5-19-09 SIGNATURE: Gerald R Morphey

Please print your name: Gerald R Morphey

IDWR State Office, 1301 N Orchard St, Boise, ID 83706, 208-327-7925