



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

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DEC - 1 2004

DEPARTMENT OF  
WATER RESOURCES

DIRK KEMPTHORNE  
Governor

KARL J. DREHER  
Director

November 15, 2004

CHARLES PRATT  
GWENDOLYN WORKMAN  
HC 66 BOX 497  
KOOSKIA ID 83539

85-15491

Re: Snake River Basin Adjudication (SRBA)  
**Incomplete Notice of Claim to a Water Right – Idaho County**

Dear Claimants:

We are returning the Notice of Claim to a Water Right you filed for your property in Idaho County. Before we can continue, we need your assistance. I have also enclosed your receipt #C075215 for the filing fees you paid. Please keep the receipt for your records.

\* A critical item of the water right, the date of priority, was left off your claim at Item #2. This is the date that the water was first placed to beneficial use to the best of your knowledge. Since the source of your water is a spring, the priority date should be prior to May 20, 1971. If your use does not meet these requirements, an Application for Permit may be necessary. I have enclosed an Application for Permit for your possible use.

\* I have also enclosed a copy of a map with your section highlighted. Please make a mark showing where your spring is located.

Please initial any change you make to your claim, sign it again in front of a Notary Public and return the map and the claim to my attention by November 30, 2004.

Do not hesitate to contact this office toll-free at 1/800-452-4129 if you have any questions or concerns.

Sincerely,

Sally Sherman  
Technical Records Specialist  
Adjudication Bureau

SS:region

Enclosures:

Incomplete Notice of Claim  
Receipt #C075215

\* Date of priority listed

\* New map showing right location with spring marked enclosed

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

Identification No. 85-15491Date Received 9-20-04Receipt Number 015215

RECEIVED  
SEP 20 2004  
DEPARTMENT OF  
WATER RESOURCES

**NOTICE OF CLAIM  
TO A  
WATER RIGHT**  
ACQUIRED UNDER STATE LAW  
For Domestic and/or Stockwater Purposes  
Where Daily Use is less than 13,000 gallons per day.

RECEIVED

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DEPARTMENT OF  
WATER RESOURCES

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) CHARLES PRATT  
GWENDOLYN WORKMAN Phone (208) 926-7710Mailing Address HL 66 Box 497, HOOSKIA, IDAHO Zip 835392. Date of Priority (Only one per claim) 07/10/1964 <sup>CAP</sup> <sub>qu</sub> Month/Day/Year3. Source of water supply (Check one) ( ) Groundwater or Other ( ) (a) SPRING  
Name or kind of source

which is tributary to (b) \_\_\_\_\_

4. Location of point of diversion is: Township 32 N Range 4 ESection 32, \_\_\_\_\_ 1/4 of NW 1/4 of SE 1/4, Govt. Lot \_\_\_\_\_, BM.,County of IDAHO

Additional points of diversion if any: \_\_\_\_\_

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. DEVELOPED SPRING TO TROUGH

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

|                                     | Month/Day                  | Month/Day       | (cfs)             |
|-------------------------------------|----------------------------|-----------------|-------------------|
| For <u>STOCKWATER</u> purposes from | <u>1/1</u>                 | to <u>12/31</u> | amount <u>.01</u> |
|                                     | (Both dates are inclusive) |                 |                   |

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total quantity claimed .01 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) STOCKWATER, 30 HEAD

10. Place of use is: Township: 32N Range 4E  
Section 32, NW 1/4 of SE 1/4, Govt. Lot 5, B.M.,

for (Circle One) Domestic Stock Domestic and Stock  
Additional places of use, if any \_\_\_\_\_

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

12. Do you own the property listed above as place of use? Yes ✓ 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.  
(✓) None or \_\_\_\_\_

14. Remarks: \_\_\_\_\_

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

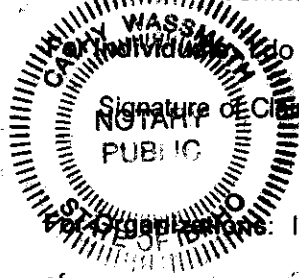
Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff vs Defendant \_\_\_\_\_

If applicable provide IDWR Water Right Number \_\_\_\_\_

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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 \_\_\_\_\_



I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s)

Charles Pratt

Date

11-29-04  
9-15-04

Shirley Workman

Date

9-15-04  
11-29-04

I do solemnly swear or affirm that I am \_\_\_\_\_

Title

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

Organization

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

Title

Organization

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

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

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

State of Idaho/or Idaho )

SS.

County of Idaho )

Subscribed and sworn to (affirmed) before me this 15 day of September 2004

Notary Public

Shelby Blumert

Residing at

Grangeville

My Commission Expires

6/30/2010

Last Name

Pratt/Workman

Ident No.

85-15491

Copies: White-State, Yellow-Claimant

**NOTARIZATION REQUIRED FOR EACH CLAIM**

**INDIVIDUAL ACKNOWLEDGMENT**

State/  
Commonwealth of IDAHO  
County of IDAHO

On this the 29 day of November, 2004,  
before me, Cathy Wassmuth  
Name of Notary Public

the undersigned Notary Public, personally appeared  
Gwendolyn Workman & Charles Pratt  
Name of Signer(s)

☒ personally known to me  
☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed  
to the within instrument, and acknowledged that  
he/she/they executed it.

WITNESS my hand and official seal.

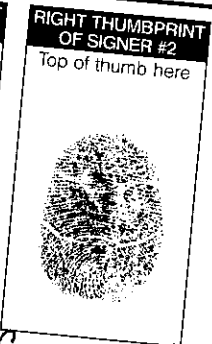
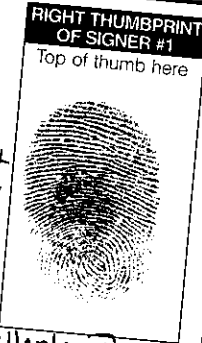
Notary Expiration: MARCH 10, 2010 Cathy Wassmuth  
Signature of Notary Public

**OPTIONAL**

Though the information in this section is not required by law, it may prove valuable to  
persons relying on the document and could prevent fraudulent removal and  
reattachment of this form to another document.

**Description of Attached Document**

Title or Type of Document: Notice of Claim To A Water Right  
Document Date: 9-20-2004 Number of Pages: 2  
Civil Case # 39576  
Signer(s) Other Than Named Above: N/A



CHARLES PRATT  
Gwendolyn Workman

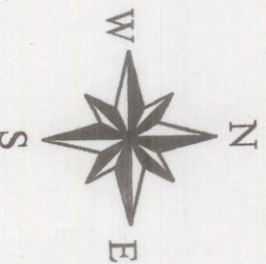
85-15491

C.H.P.

# 85-15435

T32N R04E  
Section(s) 32

⊙ Point of Diversion  
□ Place of Use



Map prepared by: Greg Taylor  
Date Prepared: September 15, 2004  
Photography: Aerial photo  
Idaho Department of Water Resources

0 500 1000 1500 2000 Feet



CLAIMANT'S NAME Pratt/Workman CLAIM IDENT. NO. 85-15491DATE RECEIVED 9-20-04 CK # C075215 AMOUNT \$ 25.00

- |                                                                                                                                                                                                                          | YES                                        | NO                                  | Required Info? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|----------------|
| 1. Is the name and address complete with zip code?                                                                                                                                                                       | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| 2. Is a priority date entered?                                                                                                                                                                                           | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/> | *              |
| Is the priority date acceptable in view of mandatory filing dates?                                                                                                                                                       | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| See Adjudication Memos #1 and #4 to determine if a Permit is required.                                                                                                                                                   | <input type="checkbox"/>                   | <input type="checkbox"/>            | *              |
| 3. (a) Is a source entered?                                                                                                                                                                                              | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| (b) Is a tributary to entered? (if required)                                                                                                                                                                             | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |                |
| 4. Is the legal description of the p.d. sufficient?                                                                                                                                                                      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| 5. Is there a description of the diverting works?                                                                                                                                                                        | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |                |
| 6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form.              | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| Is the period of use included?                                                                                                                                                                                           | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |                |
| Is a quantity claimed for each use?                                                                                                                                                                                      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| 7. Is a total quantity claimed entered?                                                                                                                                                                                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |                |
| 8. If required is a consumptive use entered?                                                                                                                                                                             | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |                |
| Is the consumptive use correct?                                                                                                                                                                                          | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |                |
| 9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | *              |
| 10. Is (are) the place(s) of use and purpose(s) indicated?                                                                                                                                                               | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| 11. Is (are) the county(ies) entered?                                                                                                                                                                                    | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |                |
| 12. Is the ownership of p.u. checked?                                                                                                                                                                                    | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |                |
| 13. Are other water rights listed or "none" indicated?                                                                                                                                                                   | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |                |
| 14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.)                                                                  | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |                |
| 15. Is the basis of the claim indicated?                                                                                                                                                                                 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |                |
| 16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.)                                                                                        | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |                |
| 17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block.                                                                                           | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| 18. Has the claim been signed, sealed, and dated by a notary?                                                                                                                                                            | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| 19. Was this claim filed on time, or was an extension granted?                                                                                                                                                           | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            | *              |
| 20. Is the fee enclosed correct?                                                                                                                                                                                         | Exempt <input checked="" type="checkbox"/> | <input type="checkbox"/>            | *              |
| 21. If this claim is based on an existing water right, has the identification number been entered?                                                                                                                       | N/A <input checked="" type="checkbox"/>    | <input type="checkbox"/>            |                |
| 22. Should this claim be data entered?                                                                                                                                                                                   | <input checked="" type="checkbox"/>        | <input checked="" type="checkbox"/> |                |

Claim checked by: SSherman Date: 11-10-04Claim must be returned to claimant: ☒ (Yes) ☒ (No)Claimant must be notified of modifications: ☐ (Yes) ☐ (No)
 Receipt Prepared by: M.M. Mickle Date: 9-20-04  
 Claim data entered by: SSherman Date: 12-01-04 Checked by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sent to claimant by: \_\_\_\_\_ Date: \_\_\_\_\_

 Comments: 12-01-04 They ret'd claim, corrected, w/Map of 85-15435,  
Source - Clearwater River. Spring in same location.