

Contacts Data Entry Form

Claim Number: 22-627

Owner Type	Full Name	Address	City	State	Zip
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Current Owner: THE MINGO TRIBAL PRES. TRUST Phone No.: _____

Current Owner: _____ Phone No.: _____

Current Owner: _____ Phone No.: _____

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

Representing Attorney: _____ Phone No.: _____

Accompanied By: _____ Phone No.: _____

Relationship to Claimant: _____ Date of Field Exam: _____

Discussion of right origin and split history. Questions and problems.DECREED UNDER HOOPER vs LARSON, 6/07/1971. AS: 500" OF MILK CREEK, 7 JUNE 1894

Q: DECREED (1971) AS 500 INCHES OF MILK CREEK - CLAIMS ONLY 169" - WHY? PDC CLAIMED DOES NOT MATCH THE 1971 DECREED PDC - CLAIMS 168⁶ AC (OK @ 0.02 cts). WHAT HAPPENED TO REMAINDER OF DEGREE - THERE IS 331 INCHES / ACRES UNACCOUNTED.

CLAIMED PDC DOES NOT FIT CLAIM MAPS SUGGEST A TYPO ON CLAIM AS SEC. 30 - SHOULD BE SEC. 31 - ACRES FROM MAPS DO NOT FIT ACRES CLAIMED.

9/16/04 CALLED KENT FOSTER - ADVISED CLAIM NEEDED AMENDED. PDC CLAIMS DON'T MATCH DECREES - I'll SEND CLAIM OVER - he'll AMEND -

9/17/04 AMENDED CLAIM (Pg 2) RECEIVED -

B/W Photo Printed because 87 MAP is too dark

Reviewer: _____ Date: _____

Priority Date Data Entry Form

Claim Number: _____

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: April 23, 1894 Claimed Basis: Ducros

Recommended Priority Date: _____ Recommended Basis: _____

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

Priority date claimed confirmed under 197/Ducros
Hoopbs vs Larson

Reviewer: _____

Date: _____

Point of Diversion and Source Data Entry Form

Claim Number: _____

Water Right Point(s) of diversion and Source.

Water Right Point of Diversion: T _____, R _____, Sec. _____, _____, _____, _____, County: _____

Source: _____ Tributary to: _____

Water Right Point of Diversion: T _____, R _____, Sec. _____, _____, _____, _____, County: _____

Source: _____ Tributary to: _____

Claimed Point(s) of Diversion and Source.

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to
				NONE			

Recommended Point(s) of Diversion and Source.

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to
				SESWNE	TUSTON	MURCK	SINKS

Other rights from this POD? AO#12254 ON HAND WHEEL FRAME

Transfers Pending or approved: _____

Document how the POD and Source were verified:

HOOD BOX IN-STREAM - GATED TO POD -
LUNG INTAKE TO MACHINE!

POD IS NOT IN NONE AS DECROOD/CLAIMED - ITS IN SWNE

Cond
cp3

Reviewer: _____ Date: _____

Place Of Use Data Entry Form

Claim Number: _____

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 _____

Pending or approved Transfers: _____

Overlapping rights: _____

Document how the POU was verified:

POU CLAIMED IN SEC. 30 DOES NOT FIT DECIDED

POU- WHEN DID CHANGE HAPPEN?

WHAT HAPPENED TO LANDS IN SEC. 31? DIFF OWNER? CLAIM #?

CLAIM REFERENCES A PIPELINE - WHAT ALL / WHO ALL DOES IT SERVE?

Reviewer: _____ Date: _____

Season of Use and Quantity Data Entry Form

Claim Number: _____

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
PRZLN	4/15	10/15	332	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____

Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
PRZLN	4/15	10/31	255	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____

Overall Diversion Volume _____

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

SOIL to DORT STD - $Q = 127^{\pm} \text{ AC UNDER PIPELINE} \times 0.02 \text{ cfs/AC} = 2.55 \text{ cfs}$

Reviewer: _____

Date: _____