

Contacts Data Entry Form

Claim Number: _____

Owner Type	Full Name	Address	City	State	Zip
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Current Owner: City of Driggs 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.

SD
6/30/04 There are 2 other wells that are used in
combination with this one.

22-2/32 LICENSED 12 Aug 1953 @ 1.11 cts 4/13/1949
POLL City of Driggs, IDAHO.

Reviewer: _____ Date: _____

Priority Date Data Entry Form

Claim Number: _____

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: April 13, 1949 Claimed Basis: LicRecommended Priority Date: " Recommended Basis: "

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

Matches Lic.

Reviewer: _____

Date: _____

Water Right No(s). _____

GPS DATA:

Tag # A0013849 Location: power panel

Diversion Data:

Source: well Trib to: _____

MOTOR

Make: _____ Model: _____ Hp: _____
SN: _____

PUMP

Make: _____ Model: _____ Disch: _____
SN: _____

NOTES:

please see the report of engineers in this
file for pump and well info.

Field Exam Date: 6/30/04 Agent: SD

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

Recommended Point(s) of Diversion and Source.

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to
5N	45E	26		NENESE	TOTON	GW	

Other rights from this POD? _____

Transfers Pending or approved: _____

Document how the POD and Source were verified:

Municipal Water

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
5N	456							

Total acres _____

Pending or approved Transfers: _____

Overlapping rights: _____

Document how the POU was verified:

POU is City Limits of DRUGS, IDAHO

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
Municipal	1/1	12/31	1.11	

Overall Diversion Rate _____

Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
Municipal	1/1	12/31	1.11	

Overall Diversion Rate _____

Overall Diversion Volume _____

Document how the Period of Use and/or Diversion Rate were verified:*CLAIMED AS LICENSED*

Reviewer: _____

Date: _____