

Contacts Data Entry Form

Claim Number: _____

Owner Type	Full Name	Address	City	State	Zip
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Current Owner: _____ 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.LICENSED TO DRUGS COMSTARY DISTRICT 10/23/1952.CHANGE NAME AND ADDRESS TO:DRUGS-DARKY COMSTARY DISTRICTATTN DANNIE LARSON166E 175EDRUGS ID B34226/28/04 DEB O'BRIEN SPOKE w/ DANNIE LARSON AT THE
COMSTARY ABOUT THE PUMP INFO.

Reviewer: _____ Date: _____

Priority Date Data Entry Form

Claim Number: _____

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: Dec. 22, 1950 Claimed Basis: LiconsoRecommended Priority Date: " Recommended Basis: "

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

MARCOS LICONSO

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

Recommended Point(s) of Diversion and Source.

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to
SN	45E	2S		SESESE	TOTON	GW	

Other rights from this POD? _____

Transfers Pending or approved: _____

Document how the POD and Source were verified:

Claims LICENSED POD TO 10 AC TRACT -

Claims 2 POD's -

There is only 1 POD, SESE of Sec 25

Submersible pump and sprinklers are used to irrigate this claim.

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	4SB	2S	SESE		TETON		0	PRAIRIE

Total acres _____

Pending or approved Transfers: _____

Overlapping rights: _____

Document how the POU was verified:

POU CLAIMED AS LICONSDO-

DD
10/2/04
Contact w/ David Driggs of Driggs Plumbing,
who has done work on the pump, indicates
that pump is a 5 h.p. one.
Claim is approx 8-10 acres of lawn for
a cemetery

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
<i>Ennis</i>	<i>4/15</i>	<i>10/15</i>	<i>0.10</i>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____

Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
<i>Ennis</i>	<i>4/15</i>	<i>10/31</i>	<i>0.10</i>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____

Overall Diversion Volume _____

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

SOU NOT SPECIFIED BY LICENSE - DEPT. STD IS
4/15 TO 10/31 - SO RECOMMENDED

Reviewer: _____

Date: _____