

Contacts Data Entry Form

29-4144 Stat. B4

Owner Type	Full Name	Address	City	State	Zip	Phone
Current Owner	O.T. Thompson (DECEASED)	DENNIS Thompson (nephew)				Mgr.
Name connector: and	_____, or	_____, and/or	_____	_____	_____	_____
Current Owner	_____	_____	_____	_____	_____	_____
Current Owner	_____	_____	_____	_____	_____	_____

Representing Attorney: _____ Phone Number: _____

Accompanied By: _____ Phone Number: 897-5768(H); 251-8649(C)

Relationship to Claimant: _____

Date of Field Exam: _____ Time: _____

Directions to Property (if different from above) and/or update owner information:

FB w/ DENNIS THOMPSON 8/8/02 - VISITED POD: /POU
DENNIS EXPLAINED THE IRREG. PRACTICES AND USE OF
YASO CK WATER. OVERLAP OF ALL RLS => PPU
APPARENTLY O.T. THOMPSON IS DECEASED - HE WAS DENNIS'
UNCLE. DENNIS NOW RUNS THE RANCH FOR HIS AUNT.

Measures POD: INTERIOR ENG.

FB INDICATED: POD'S (GPS) system, POD

Reviewer: _____

Date: _____

Priority Date Data Entry Form

Claim Number: 29-4444

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: 5/19/1876 Claimed Basis: Stat. 243 BdRecommended Priority Date: 5/19/1876 Recommended Basis: BU☐ Use Claimed Priority Date and Basis as Recommended Priority Date and Basis

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

SEVERAL DOCUMENTS; ABSTRACTS, AGREEMENTS & WATER LOCATION RECORD,
SEEM TO CONFIRM MAY 19, 1876 AS PRIORITY, AS CLAIMED.

APPARENTLY NO PRIOR DECREES ON YALO CR, ONLY ONE LIC
DATING TO 1918.

Reviewer: _____

Date: _____

Point of Diversion and Source Data Entry Form

Claim Number: _____

Water Right Point of Diversion: T____, R____, Sec.____,____,____,____. County: _____

Source: _____ Tributary: _____

Claimed Point of Diversion: T____, R____, Sec.____,____,____,____. County: _____

Source: _____ Tributary: _____

Recommended Point of Diversion: T____, R____, Sec.____,____,____,____. County: _____

Source: _____ Tributary: _____

____ Use Claimed POD and Source as Recommended POD and Source

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source
11S	37E	4		SWSBNW		Yago Ck
GPS Coordinates: _____						
				SENESE		
GPS Coordinates: _____						
				NWNWSE		
GPS Coordinates: _____						
				SENWSE		
GPS Coordinates: _____						
GPS Coordinates: _____						
GPS Coordinates: _____						
GPS Coordinates: _____						

CPS

Other rights from this POD? _____

Document how the POD and Source were verified and/or Pump and Motor data:

Marsh Valley Farm. 25-2563? ← What's this? A Lic to
Mr. Thompson from Yago Ck, 7/5/1985, Storage.

Transfers Changing POD _____

Reviewer: _____

Date: _____

Place Of Use Data Entry Form

Claim Number: _____

_____ Use Claimed POU as Recommended POU

Claimed Place of Use

Twp	Rge	Sec	QQ	Q	County	Lot Num	Acres	Purpose of Use
11S	32E	4					281	Panig
								Stock

INCIDENTAL
NPS/NPB

Total Acres _____

Recommended Place of Use

Twp	Rge	Sec	QQ	Q	County	Lot Num	Acres	Purpose of Use

Total Acres 110

CPS

Document how the POU was verified:

See Attached GPS map for Ac Disturb.
 See 29-2563

Permissible POU w/ 2563 AND 11419 w/Limits

FR INDICATED

Transfers Changing POU _____

Reviewer: _____

Date: _____

Period of Use and Quantity Data Entry Form

Claim Number: _____

☐ Use Claimed Period of Use and Quantity as Recommended Period of Use and Quantity

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>Panig.</i>	<i>3/15</i>	<i>11/15</i>	<i>42</i>	<i>3972</i>	<i>S.W.</i>

Overall Diversion Rate _____

Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
<i>Panig.</i>	<i>4/1</i>	<i>10/31</i>		
	<i>DEPT. STD.</i>			

Overall Diversion Rate _____

Overall Diversion Volume _____

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

DEPT. STD. SOU.

$$\text{EQ BT INTRPID} = 2.60 \text{ cfs} - (\text{ON } 110 \text{ ac} @ 0.02 = 2.20 \text{ cfs}) \text{ So Recommended}$$
MEASURES - R606

Reviewer: _____

Date: _____