

EXAM INFORMATION

Exam Date

9/20/02

Exam Time

1pm

CLAIM(S)

29-10781

NAME

Mike & Susan Hall

ADDRESS

4494 S. Marsh Creek Rd.

PHONE ()

254-9234

HOME

WORK

CELL

DOMESTIC

STOCKWATER

IRRIGATION

☒

OTHER

OTHER RIGHTS

DIRECTIONS

Dad purchase 1966-1967.

Mike & Susan Hall
4494 S Marsh Creek Rd.
McCammon, ID
83250

2 wks. -

DOGS

DATE

APPOINTMENT

- Black Otter

Contacts Data Entry Form

[illegible]

Current Owner _____

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

Current Owner _____

Current Owner _____

Representing Attorney: _____ Phone Number: _____

Accompanied By: _____ Phone Number: _____

Relationship to Claimant: _____

Date of Field Exam: 8/22/02 Time: 9 AM.

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

4234 S. Marsh Crk Rd.

Reviewer: _____

Date: _____

Priority Date Data Entry Form

Claim Number: A29-04160

Water Right Priority Date: 04-01-1909 Water Right Basis: Irrigation

Claimed Priority Date: _____ Claimed Basis: Beneficial Use

Recommended Priority Date: _____ Recommended Basis: _____

☐ 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:

Warranty deed July 24, 1959.
- Need homestead documents.

4-27-1957.

Reviewer: _____

Date: _____

Point of Diversion and Source Data Entry Form

Claim Number: A29-04160Water Right Point of Diversion: T 8, R 36, Sec. 28, NE NE, County: BannockSource: Spring Tributary: SinksClaimed Point of Diversion: T 8S, R 36E, Sec. 27, NW NW NW, County: BannockSource: _____ Tributary: SW NW NW

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
_____	_____	_____	_____	_____	_____	_____
GPS Coordinates: _____						
_____	_____	_____	_____	_____	_____	_____
GPS Coordinates: _____						
_____	_____	_____	_____	_____	_____	_____
GPS Coordinates: _____						
_____	_____	_____	_____	_____	_____	_____
GPS Coordinates: _____						
_____	_____	_____	_____	_____	_____	_____
GPS Coordinates: _____						
_____	_____	_____	_____	_____	_____	_____
GPS Coordinates: _____						

Other rights from this POD? _____

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

POD changed when?

Transfers Changing POD _____

Reviewer: _____

Date: _____

Place Of Use Data Entry Form

Claim Number: A29-04160

 Use Claimed POU as Recommended POU

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

Document how the POU was verified:

POU change from original statutory Claim. When?
Acres increased in NENW from 5 acres → 10 acres
NW 1/4 30 acres.

Transfers Changing POU

Reviewer:

Date:

Purpose of Use Data Entry Form

Claim Number: A29-04160

_____ Use Claimed Purpose of Use as Recommended Purpose of Use

Water Right Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other
Irrigation			35	

Claimed Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other
Irrigation			40	

Recommended Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other

Document how the Purpose of Use was verified:

Transfers Changing Purpose of Use _____

Reviewer: _____

Date: _____

Period of Use and Quantity Data Entry Form

Claim Number: 429-04160☐ 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
Irrigation	4/1	11/1	0.70	

Overall Diversion Rate 0.70

Overall Diversion Volume _____

Claimed Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
Irrigation	4/1	11/1	0.70	

Overall Diversion Rate 0.70

Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
	4/1	10/31		

Overall Diversion Rate _____

Overall Diversion Volume _____

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

Reviewer: _____

Date: _____