

Contacts Data Entry Form

Claim Number: _____

Owner Type	Full Name	Address	City	State	Zip
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Current Owner: B.C. HATHAWAY-Powder 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.

DEEDED UNDER ROXBURG vs TETON, 1910 AS: #35 to E.B.
 SEYMOUR, 300", SPRING CR, 06/01/1886. (6° cfs) 300 Ac

SPLIT ON WR SIDE AS: A-5.20 cfs

B-0.80 cfs TX #1708, 11/19/1974.

ACCOUNTED IN FULL

SPLIT/CLAIMED ON ADS SIDE AS:

22-500B, 0.80 cfs, 39° AC CLAIMED FOR TX

0.80

FROM WR-A' 22-500 C, 1.60 cfs, 33° AC

1.60

FROM WR-A' * 22-500 D, 33.0 cfs, 53° AC OBVIOUS ERROR OF CFS → 3.30

OVER CLAIMED - PART AT 3.30 STILL OVER CLAIMED

5.7

RECOMMEND ALL @ 0.02 cfs/AC - NO OTHER KNOWN PARTS
 CLAIMED -

Reviewer: _____ Date: _____

Priority Date Data Entry Form

Claim Number: _____

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: 6/01/1886 Claimed Basis: Doc.Recommended Priority Date: " Recommended Basis: "

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

MATCHES DOCS

Reviewer: _____

Date: _____

Water Right No(s). _____

See Attached Photo

GPS DATA:

Tag # ADP 13846 Location: powerbox

Diversion Data:

Source: Spring Creek Trib to: Teton Creek - Teton River

MOTOR

Make: ME Action Model: FA215TBOR7012 Hp: 10
SN: 954617 AAWCW

PUMP

Make: Eberley Centrifugal Model: _____ Disch: _____
SN: _____

NOTES:

Diversion works is a dam which forms a small
pond,
portable mainline, is used from which a
lateral hand line is used

Field Exam Date: 6/29/04 Agent: DD

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
5N	46E	31		SWNW1SW	TETON	SPRING CK	TETON CREEK

Recommended Point(s) of Diversion and Source.

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to
5N	46E	31		SWNW1SW	TETON	SPCK	Teton Ck

Other rights from this POD? _____

Transfers Pending or approved: _____

Document how the POD and Source were verified:

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
5N	46E	31	NWSW		Teton		39 ⁰	Prize

Total acres _____

Recommended Place of Use

Twp	Rge	Sec	QQ	Q	County	Lot Num	Acres	Purpose of Use
5N	46E	31	NWSW		Teton		36 ⁰	Prize

Total acres 36⁰

Pending or approved Transfers: _____

Overlapping rights: _____

Document how the POU was verified:

Ac By GPS

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
PR214	4/15	10/15	0.80	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____

Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
PR214	4/15	10/31	0.72	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____

Overall Diversion Volume _____

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

Q BASED ON $0.02 \text{ cfs/AC} \times 36 \text{ AC} = 0.72 \text{ cfs}$
 SOU TO DORT STD OF 4/15 TO 10/31 CLAIMS 4/15 TO 10/15

Reviewer: _____

Date: _____