

Contacts Data Entry Form

Claim Number: 22-2029

Owner Type	Full Name	Address	City	State	Zip
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Current Owner: Boyd Smith Phone No.: _____

Current Owner: _____ Phone No.: _____

Current Owner: _____ Phone No.: _____

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

C/O FILED 9/96

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.

LICENSOR? AS 24⁰ cfs AS A NORTH LETCH CANAL CO. LTD., ACRES NOT SPECIFIED (EXCEPT BY PROOF OF BIL MAPPING X). RECOGNIZED ACRES FROM MAPS IN QD'S THAT ARE SHOWN ARE LICENSOR ONLY @ 1323⁰ ACRES. $\therefore 24^0 \text{ cfs} / 1323^0 \text{ AC} = 0.0181 \text{ cfs/AC}$

3/4/04 TETON W/ CLAYTON FULLMER (WM). HE EXPLAINED NLCC HAS FALLEN APART DUE TO IN-RIGHTING - BASICALLY THEY DON'T TALK AND EVERYONE DOES THEIR OWN THING, 3/4/04 TODAY, ONLY THREE CLAIMS EXIST FOR PORTIONS OF THIS RIGHT AS:

Smith 22-2029 (ENTIRE LIC. NO.) CLAIMS 0.71 cfs ON 46⁰ AC (0.0154 cfs/AC)
 Steamboat Pkts. Teton West Corp 22-2029B, 0.50 cfs ON 25⁰ AC (0.02 cfs/AC)
 Steamboat Pkts. 22-2029C, 1.36 cfs ON 68⁰ AC (0.02 cfs/AC)

5/6/05 DATA BASE SHOWS TEMP. STATUS - CLAIM SHOWS RECEIPT NO. BOD3237 - PAID \$50⁰⁰ - AC FEES PAID UNDER DECEASED RTS - CLAIM STATUS CHANGED TO ACTIVE - ASR - STATUS CHANGED TO ACTIVE.

FE INDICATED: PODS/PODS, PHOTOS/GPS, CONVEYANCE/SYSTEM
 IDENTITY OR RIGHTS: 130B, 481A, 482A, 483A

Ownership/claims or portions of this original license is a problem -
 NEED NAMES AND CLAIMS (MAY/05) SOME NEED FILED.

Reviewer: _____ Date: _____

Priority Date Data Entry Form

Claim Number: _____

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: 1/20/1908 Claimed Basis: LICENSERecommended Priority Date: 1/20/1908 Recommended Basis: LICENSE☐ 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:

MATCHES LICENSE

3/4/04 RESEARCH AND DISCUSSION W/ WDDI HYDROGRAPHER
INDICATE THIS LICENSE WAS NOT PART OF THE TUXBURY
PAID DECREE, NOR HAS SUBSEQUENT DECREE BEEN FOUND

Reviewer: _____

Date: _____

Claim Number: _____

Water Right Point of Diversion: T _____, R _____, Sec. _____, _____, _____, _____, County: _____

Source: _____ Tributary to : _____

Water Right Point of Diversion: T _____, R _____, Sec. _____, _____, _____, _____, County: _____

Source: _____ Tributary to : _____

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to
6N	46E	29		NE1/4E	TETON	NO. LEIGH CR	SPRING CR ^{OK}

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to

Other rights from this POD? _____

Transfers Pending or approved: _____

Document how the POD and Source were verified:

Document how the POD and Source were verified:
Q: How DOES THIS POD RELATE TO THE POD FOR: NO LOIGN CK CANAL Co.?

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
10N	45E	25	N	SE			46	IRrig

Total acres _____

Recommended Place of Use

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

Total acres _____

Pending or approved Transfers: _____

Document how the POU was verified:

APPEARS THIS CLAIM IS OVERCLAIMED ON AC. LICENSE
 SHOWS IRRIG IN NWSE AND N2SE (W/O ACRES) HOWEVER PROOF OF BENEFICIAL
 USE / NOTICE OF COMPLETION OF WORKS MAPS SHOWS 1323² AC FOR THE LICENSED
 POU Q/A CLAIMS WERE NOTED AS N2SE 10² AC, N2SE 15² AC.
 * OVERLAP OTHER RIGHTS? SEE 22-4B1A

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>Range</i>	<i>4/15</i>	<i>10/15</i>	<i>0.71</i>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____

Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

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

Overall Diversion Rate _____

Overall Diversion Volume _____

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

CLAIMED SOU TO 10/15 - DEPT STD FOR AREA IS 10/31 => Amount?

SOU: NOT SPECIFIED BY LICENSEE

Q: BASED ON AC - THIS D/R IS TOO HIGH FOR LIC.

** COMBINED USU REMARKS w/ 22-481A (OTHERS?)*

Reviewer: _____

Date: _____