

Contacts Data Entry Form

29-224 DECEASED

Owner Type	Full Name	Address	City	State	Zip	Phone
Current Owner	<u>City of McCammon</u>					
Name connector: and	_____, or _____, and/or _____					
Current Owner	<u>LARRY DREGILL, City Supervisor</u>					
Current Owner	_____					

Representing Attorney: _____ Phone Number: _____

Accompanied By: _____ Phone Number: _____

Relationship to Claimant: _____

Date of Field Exam: _____ Time: _____

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

DECEASED BY UNION GRAIN & ELEVATOR (1932)FE 6/5/02 w/ C. BMO. IDWR and State Attorney WMD29.

Reviewer: _____

Date: _____

Priority Date Data Entry Form

Claim Number: _____

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: _____ Claimed Basis: _____

Recommended Priority Date: 6/17/902 Recommended Basis: DISCUSSED☐ 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:

CLAIMED AS DISCUSSED

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

GPS TAG# A0011603

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source
9S	37E	3		SE NW SE	Bann	Crystal Spg. → W. Bobck

GPS Coordinates: _____

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:

Claim sources as Crystal Springs and West Bob
Smith Ck. Water is taken only from Crystal Spg.
Therefore only source recommended.
Also see 29-13224 (PIS of 200, 201, 202)
Commodore Dr. Remark
Remark ✓

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

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 is w/ city or MC Common only

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

Overall Diversion Rate _____ Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
Municipal	01/01	12/31	0.50	

Overall Diversion Rate _____ Overall Diversion Volume _____

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

Also, combines Q w/ 29-13224 $\Rightarrow Q = 1.20 cfs$

$\Rightarrow C10$
about 1926+

Reviewer: _____

Date: _____