

November 20, 1998

**NOTICE OF ERROR
REPLY**

RECEIVED

JAN 04 1999

**Department of Water Resources
Eastern Region**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: December 18, 1998

Water right number: 35-07803

CHRIS CORNFORTH
MARIANNE CORNFORTH
655 BUTTERFLY DR
IDAHO FALLS ID 83401

Daytime Telephone Number:

Evening Telephone Number:

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

☒ **I AGREE with this proposed recommendation; no changes need to be made.**

DATE: 1-4-99 **SIGNATURE:** *Chris Cornforth*
Please print your name: Chris Cornforth

IDWR Eastern Regional Office, 900 N. Skyline Drive, Suite A, Idaho Falls, ID 83402-1718, (208) 525-7161

OT

REFUND REQUEST

ON

7-18-94

RECEIVED

TO: S. Frazee to Log In
 FOR: J. Carlson/D. Shaff/D. Allen
 FROM: Ernie Carlsen

JUL 14 1994

Department of Water Resources

RE: Payor CHRIS CORNFORTH
 Address 655 BUTTERFLY DR
IDAHO FALLS, ID 83401

AUG - 3 1994

Department of Water Resources
Eastern District Office

Claimant if NOT Payor _____
 Refund Amount \$ 1800 Claim Location E
 Extension Filed? Y/N (NA) Copy Attached? (Y) NA
 Late Fees Paid? Y/N (NA) On Receipt # _____
 S.O. Verified Ext. by _____ on _____
 Refund Generated By () Agent (X) Claimant telecon
 Refund Category Double payment of variable fee.
 Date of Last Correspondence (copy attached) 07-12-94

Claim No.	Use	Fees Paid	Correct Fee	Rec't #
<u>A35-07803</u>	<u>IRR</u>	<u>\$ 138⁰⁰</u>	<u>120⁰⁰</u>	<u>E007900</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Detailed Reason(s) for Refund Attached (Y)
See below

Region Adj. Supervisor Approval EMC John Carlson Approval _____
 Don Shaff Approval 7-14-94 Hold _____ To Fiscal 07-15-94
 Not Refunded as of _____ Logged 07-14-94
 Data Base Modified? Y/N (NA) By _____ Date _____

Claimant paid assessment to Aberdeen Springfield Canal Company for land served by canal and then also paid the variable fee for the P.O.U. on Mar 24, 1989
 Subsequently the Canal Company paid the variable fee for the P.O.U. on A01-00023Z0 and A01-00023Z1 under receipt E014259. Comparison of the P.O.U. on these claims reveals an overlap of 18 acers.
 The claimant is therefore requesting a refund of \$ 18⁰⁰ paid under receipt E007900.

The 18 acre overlap is based on how the claims were originally filed. It does not take into consideration modifications in the p.o.u. resulting from field investigations & final recommendations.

→ ptr unnecessary. ps

MICROFILMED

05/01/91

NOV 15 1996

E007900



State of Idaho
DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Idaho Falls, Idaho 83402-1718 - (208) 525-7161 - FAX: (208) 525-7177

EASTERN REGION

DATE: 12 JULY 94

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

CHRIS CORNFORTH
655 BUTTERFLY DR.
IDAHO FALLS, ID 83401

RE: REFUND

Dear CHRIS:

This office has initiated a Refund Request for the double payment of fees in the Snake River Basin Adjudication (SRBA).

Comparison of the land list on your Notice(s) with the lands listed on claims submitted by Aberdeen-Springfield Canal revealed an overlap of the following:

18 ACRES IN SE 1/4 NW 1/4 S18 T05S R32E.

Therefore, the Refund Request is for \$18⁰⁰, paid under receipt E007900. A check for this amount should be mailed from Boise in the near future.

Naturally, if you have any questions, feel free to contact this office (525-7161).

Respectfully submitted,

Ernest Carlsen
Adjudication Supervisor

EC:jt

Enclosure

FILE: To Claim

cc: Aberdeen-Springfield Canal

RECORDED

NOV 15 1994

Idaho Department Of Water Resources
Detail Receipt Summary Screen

Date: 06/28/94
Time: 12:34:24

Rec/No - E007900 AR/No -
From: - CORNFORTH, CHRIS

Receipt Type - CK Doc/No - 5137
Remarks -

MOST CURRENT RECEIPT

Receipt Date: 05/24/1989

Type Of Payment
ADJUDICATION FEE

Fund	FD	PCA	Obj	Subsid	Fee
9337		410162	6490		163.00

Total Due - 163.00

WR/No	WR Fee	WR/No	WR Fee	WR/No	WR Fee
<u>A3507803</u>	138.00	<u>A3511450</u>	25.00		

(ENTER=CONTINUE)

(GOLD7=SELECTION SCREEN)

(GOLD8=CANCEL)

A01-2064G0

MICROFILMED
NOV 15 1996

(WATER RIGHT NUMBERS THAT BEGIN WITH AN '*' ARE ADJUDICATION CLAIMS)

WR-NUMBER	SOURCE	NE			NW			SW			SE			NE			NW			SE			SUM
		Lt	Ac	SE	Lt	Ac	SE	Lt	Ac	SE	Lt	Ac	SE	Lt	Ac	SE	Lt	Ac	SE	Lt	Ac	SE	
T05S R32E S18																							
A010002320	SNAKE RIVE																						246
0100297	SNAKE RIVE																						
A010029720	SNAKE RIVE																						246
A010206460	SNAKE RIVE																						246
A010206860	SNAKE RIVE																						246
A0102068H0	SNAKE RIVE																						246
3502254	GROUNDWATE																						25
A350254320	GROUNDWATE																						246
3504240	UNNAMED DR																						50
A3504240	UNNAMED DR																						47
R3504240	UNNAMED DR																						47
A350424620	GROUNDWATE																						246
R350424621	LARGE CLAI																						
3507507	GROUNDWATE																						146
A3507507	GROUNDWATE																						127
R3507507	GROUNDWATE																						95
3507803	CORNFORH																						95
A3507803	CORNFORH																						88
R3507803	UNNAMED DR																						95

18 ACRE overlap.

NOV 15 1998
MICROFILMED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
JUN 13 1990

Department of Water Resources

A. GENERAL INFORMATION

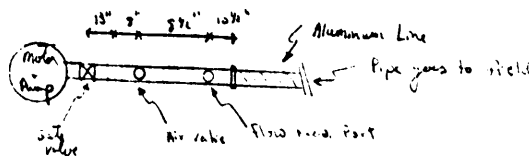
1. Owner: Chris Cornforth Permit No. 35-7803
Current Address: 655 Butterfly Idaho Falls 83401 Phone No. 897-4516 home
2. Accompanied by: Sam EXAM. DATE: 7-3-89
Address: _____ Phone No. _____
Relationship to Permit Holder: Owner
3. Source: Cornforth Drain Ditch tributary to Snake River 523-5455 Work 523-7960

B. OVERLAP REVIEW

1. Other water rights with same place of use: _____ ☐ Copies Attached
2. Other water rights with same point of diversion: _____ ☐ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. Diversion System Diagram: Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = _____

2. ☒ Copy of U.S.G.S. Quadrangle Attached
Showing location(s) of point(s) of diversion and
place(s) of use (required). ☒ Aerial Photo Attached
(required for irrigation of 10 acres or more).
- ☐ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater).

System Description (continued)

- 3. Narrative: Description (As operating at time of measurement. Indicate pressure, number of sprinklers, etc.)**

1 medium pump to mainline (from ex-1) to 4 1/4 mile wheel lines
1 wheel line 3 sections short
1 handline 8 sections short 1 1/4 mile (32 sections)

Static Joint Load = 7 ft

☐ See Remarks on page 4 for continuation

- 4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
	Turbinks Morse	40 + 1700 rpm	577552	Johnston	GE. 14/10

*Code to correspond with No. on map and aerial photo

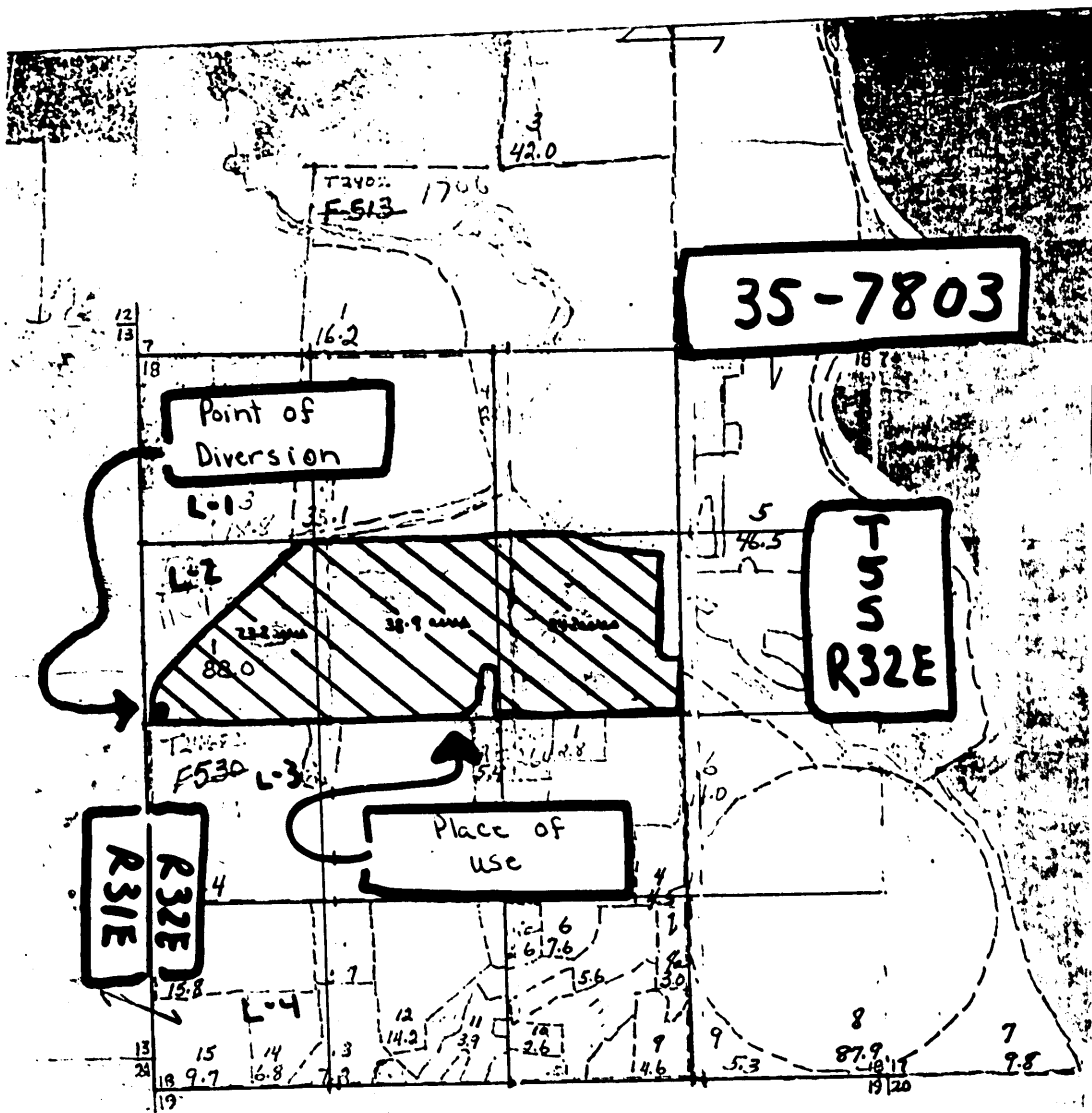
- 5. Point(s) of Diversion:**

[illegible]

- 6. Place(s) of Use:**

Indicate Method of Determination.

Twp.	Rge.	Sec.	NE¼				NW¼				SW¼				SE¼				Totals
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
5S	32E	18			342					23.2	58.9								76.3
										6.2									
																	Total		76.3



Do not use this space

D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date
Haills Meter	Pitot	Cox		120387	7"	
Manometer		IDWR			57"	

2. Measurements:

I.O. = 7.578"

Pressure = 52 psi

Manometer = 10 - 2.5 = 7.2

VH = 12.7

Q = 1.27 cfs

E. FLOW CALCULATIONS

☒ Additional Computation Sheets Attached

1. Measured Method:

See Notes

2. Alternate Method for Checking Purposes:

See Notes

F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: _____ psi x 2.31 = _____ ft (1); Dynamic pumping level: _____ ft (2)

Total Head: (1) + (2) = _____ (3)

Flow rate: _____ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = _____ (5)

Meter Input KW: 3.6 x _____ KH x _____ CTR or _____ MULT x _____ PTR x _____ N/ _____ T = _____ (6)

Meter Input HP: (6) x 1.34 = _____ (7)

Panel Input KW: _____ Ave PF x _____ Ave Volts x _____ Ave Amps x .001732 = _____ (6)

Panel Input HP: (6) x 1.34 = _____ (7)

Efficiency: (5)/(7) x 100 = _____ %

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{in} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 146.3(3.0) = 288.9$

$V_{on} = (\text{Diversion Rate (cfs)}) \times (\text{Days in Irrigation Season}) \times 1.9835 = 1.23(200)(1.9835) = 543.32$

$V = \text{Smaller of } V_{in} \text{ and } V_{on} = 288.9$

2. Volume Calculations for Other Uses:

H. REMARKS AND OVERLAP REVIEW ANALYSIS

1 recovered radiation ($\ll K32.7$) $\sim 26 \mu$ + 3.0 dcf)

I was being very good to her mother and I'd been
into it with the court fight.

40 rows in R-5 tunnel each share $5/8"$ per share = 1.12

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afs)
	From	To		
Irrigation	4/1	11/1	1.28	288.9
Totals:			1.28	288.9

2. Recommended Amendments

- ☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

J. AUTHENTICATION

Field Examiner's Name S. H. S. S.
Signature [Signature]
Certification Date 0
Field Report Preparation Date 7-18-89

CONSULTANT SEAL

K. **Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.**

