

Claim Verified in
office using the B/a
field Exam Performed
6-27-89

- Point of Diversion
- Place of Use

RECEIVED

11-3-1

K35-08627

○ Pump

COUNT

See Correspondence attached to other Western
Farm Service Claims -

EV 4-14-89

MICROFILMED

DEC 10 1992

4/11/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME Western F. m Service, Inc. CLAIM DENT. NO. A35-08627

DATE RECEIVED 4-14-89 CK # AMOUNT \$ 70⁰⁰

- | | YES | NO | Required Info? |
|--|-------------------------------------|--------------------------|----------------|
| 1. Is the name and address complete with zip code? | ☒ | ☐ | * |
| 2. Is a priority date entered? | ☒ | ☐ | * |
| Is the priority date acceptable in view of mandatory filing dates?
See Adjudication Memos #1 and #4 to determine if a Permit is required. | | | |
| 3. (a) Is a source entered? | ☒ | ☐ | * |
| (b) Is a tributary to entered? (if required) | ☒ | ☐ | |
| 4. Is the legal description of the p.d. sufficient? | ☒ | ☐ | * |
| 5. Is there a description of the diverting works? | ☒ | ☐ | |
| 6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. | ☒ | ☐ | * |
| Is the period of use included? | ☒ | ☐ | |
| Is a quantity claimed for each use? | ☒ | ☐ | * |
| 7. Is a total quantity claimed entered? | ☒ | ☐ | |
| 8. If required is a consumptive use entered? | ☒ | ☐ | |
| Is the consumptive use correct? | ☒ | ☐ | |
| 9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. | ☒ | ☐ | * |
| 10. Is (are) the place(s) of use and purpose(s) indicated? | ☒ | ☐ | * |
| 11. Is (are) the county(ies) entered? | ☒ | ☐ | |
| 12. Is the ownership of p.u. checked? | ☒ | ☐ | |
| 13. Are other water rights listed or "none" indicated? | ☒ | ☐ | |
| 14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) | ☒ | ☐ | |
| 15. Is the basis of the claim indicated? | ☒ | ☐ | |
| 16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) | ☒ | ☐ | |
| 17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. | ☒ | ☐ | * |
| 18. Has the claim been signed, sealed, and dated by a notary? | ☒ | ☐ | * |
| 19. Was this claim filed on time, or was an extension granted? | ☒ | ☐ | * |
| 20. Is the fee enclosed correct? | ☒ | ☐ | * |
| 21. If this claim is based on an existing water right, has the identification number been entered? | ☒ | ☐ | |
| 22. Should this claim be data entered? | ☒ | ☐ | |

Claim checked by: agw Date: 4-14-89

Claim must be returned to claimant: (Yes) (No)

Claimant must be notified of modifications: (Yes) (No)

Receipt Prepared by: Date:
Claim data entered by: Date:
Sent to claimant by: Date:

Checked by: **MICROFILMED**

Comments: Per in remarks: Claimant is requesting re instatement of this permit - Filed claim to have right included under adjudication - Contacting Tim Lake. **DEC 10 1992**



WESTERN FARM SERVICE, INC.

3075 CITRUS CIRCLE - SUITE 195
WALNUT CREEK, CALIFORNIA 94598-2674

TELEPHONE (415) ~~908~~ 7000
930-7661

April 12, 1989

RECEIVED

APR 14 1989

Department of Water Resources
150 Shoup Ave., Suite 15
Idaho Falls, ID 83402

Department of Water Resources
Eastern District Office

Attention: Eric S. Verner

Re: WR No. 35-08627, Please find the following:

1. Notice of Claim to a Water Right
2. Check in the amount of \$70.00
3. As information, copy of Proof of Beneficial Use filed with Tim Luke

Your confirmation of claim would be appreciated.

Very truly yours,

W. J. Haener
Distribution Manager

Enclosures

MICROFILMED

DEC 10 1992



WESTERN FARM SERVICE, INC.

3075 CITRUS CIRCLE - SUITE 195
WALNUT CREEK, CALIFORNIA 94598-2674

TELEPHONE (415) ~~XXXXXX~~
930-7661

April 12, 1989

Idaho Department of Water Resources
State House Mall
Boise, ID 83720

Attention: Tim Luke

Gentlemen:

Attached are the following covering lapsed Permit No.
35-08627:

1. Completed Proof of Beneficial Use form.
2. Idaho Power Co. record indicating hook-up on August 7, 1986.
3. Check in the amount of \$50.00 for License Examination fee.

There have been several organizational changes over the past two or three years and the status of "lapsed" only recently came to our attention.

Your assistance and confirmation of reinstatement would be appreciated.

Very truly yours,

W. J. Haener
Distribution Manager

Attachments

MICROFILMED
DEC 10 1992

Form 217
03/86STATE OF IDAHO Department of Water Resources
Eastern District Office
DEPARTMENT OF WATER RESOURCESFor Office Use Only
Fee Received _____
Date _____
Receipt # _____
Receipt by _____
Reviewed by _____
Sent to region _____

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

Permit No. 35-08627Name(s) of Permit Holder: Western Farm Service, Inc.Post Office Address: 3075 CITRUS CIRCLE, SUITE 195,WALNUT CREEK, CA 94598 Telephone No. (415) 930-7661 (W.J. HAENER)Source of Water: GROUNDWATER

Extent of Use:

Domestic _____ (number of households) Stockwater _____ (number and type of stock)

Irrigation _____ (acres) Other/Remark COMMERCIALSEE ATTACHED COPY IDAHO POWER CO. / RECORD OF POWER Hook-UPTotal rate and/or volume for which proof is submitted .20 cfs _____ acre-feetShow the date water was first diverted and beneficially used under this permit: AUG 7, 1986Measuring Device: Required? ☐ Yes ☒ No
Installed? ☐ Yes ☒ NoFee enclosed \$ 50.00
(See License Examination Fee Schedule)Flow Measurement Port: Required? ☐ Yes ☒ No
Installed? ☐ Yes ☒ No

Person to contact to accompany the Department representative during the field examination:

JERRY SLY (Name) (208) 684-3031 (Telephone Number)1290 W. HIGHWAY 39, BLACKFOOT, ID 83221
(Address)

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

MICROFILMED
DEC 10 19924-11-89
Date

[Signature]
Signature of Permit Holder (and title, if appropriate)
PRESIDENT / WESTERN FARM SERVICE, INC

APR 11 '89 11:45 WFS1 - RUSSET - 404

P.2

PRINT REQUESTED BY BINGHAM C

REQUESTED AT 10:26 04/06/89

ACCT NUMBER-- 1172-013036-0 CUSTOMER NAME WESTERN FARM SERVICE
 ACCT STATUS-- ACTIVE SERV LOCATION 1290 W HWY 39
 CONN/~~DATE~~--- 08/07/86 SERV CITY/ZIP BLACKFOOT ID 83221
 CIS ACTIVITY- NONE PENDING RATE----- 07

* * * * * METER INFORMATION * * * * *
 METER NO S TYP D PH F-SCL CONST INS/RM/CHG T-YR READ CURR PREV DEMAND
 787348016 A 2 S 3 96.0 00001 08/07/86 86 59130 56044

RATE 07 RC 3	* C	READ	DAYS	DEM-KW	ENERGY-KWH	BILL	AMT-MTR	*AREA	CODE 080
RA DATE 07/13/87	* 0	03/13	30	14	3,094	140.87		* METER	
	* 0	02/09	30	15	3,998	200.39		* RT---	02
ELC HT-	* 0	01/11	30	14	3,864	190.42		* SEQ	1510
HIH VLT 0	* 0	12/12	30	12	2,460	121.23		* LOC---	SD
IRG USE	* 0	11/10	30	19	1,136	55.98		* INS---	00
LRG PWR	* 0	10/12	30	12	1,076	53.03		* UNGRD---	0
MUL FAM 1	* 0	09/12	30	17	1,120	55.19		* LNDLRD---	0
#APTMOB 000	* 0	08/11	30	22	1,557	76.73		* APTMOB-	M
	* 0	07/12	30	17	1,552	76.48		* T A/C	
CONN LD	* 0	06/10	30	19	1,075	52.33		* DN EST-	0
KWH EST	* 0	05/11	30	23	1,598	77.31		* ESTENT-	
MNTH MN	* 0	04/11	30	22	2,554	123.57		* # CHCS-	
FAC CHG	* 0	03/10	30	20	2,039	98.60		* CHG ST-	0

Idaho Power Company

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DEC 10 1992