



State of Idaho

DEPARTMENT OF WATER RESOURCES

150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 - (208) 525-7161

EASTERN REGION

CECIL D. ANDRUS
GOVERNOR
R. KEITH HIGGINSON
DIRECTOR

Called 5/31/89

Date: May 23, 1989

Brent and Judy Turner
73 S. 800 W.
Blackfoot, ID 83221

RE: Water Right Claim Returned

Dear Mr. and Mrs. Turner:

The Idaho Department of Water Resources (IDWR) is returning your check #6347 (\$25.00) and Notice of Claim to a Water Right because of insufficient information. All items on the claim form must be correctly completed and fees submitted before the IDWR can process the claim.

Please complete or correct the claim form items identified below and return the form to the IDWR within 30 days of the date of this letter. Failure to return the required information and filing fees within the 30-day period may result in an assessment of a \$50.00 late-fee in addition to the regular fee.

- Item #2: The day, month, and year must be entered for the date water was first used for domestic/stock purposes. If you do not know the precise date, you must estimate the day, month, and year.
- Item #6: The 0.04 cfs guideline for Domestic purposes includes the amount for one house and up to 1/2 acre of lawn and garden irrigation. The amount guideline for two steers is 0.02 cfs. Please make any necessary corrections. Note: If you change any of the amounts in Item #6, the total amount in Item #7 will also change.

If you have any questions, please call Tony Olenichak, Water Right Agent, at (208)-525-7161.

Sincerely,

Tony Olenichak
for Ernest Carlsen

Ernest Carlsen
Adjudication Supervisor

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4/11/1989		SRBA CLAIMS RECEIVING CHECKLIST #2	
CLAIMANT'S NAME <u>TURNER, B. J.</u>		CLAIM IDENT. NO. <u>A35-12015</u>	
DATE RECEIVED <u>5/22/89</u>	CN # _____	AMOUNT \$ <u>2.00</u>	
			Required Info?
			YES NO
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) N/A ☒			☐ ☐ *
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? N/A ☒			☐ ☐
Is the consumptive use correct? N/A ☒			☐ ☐
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. N/A ☒			☒ ☐ *
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.) N/A ☒			☒ ☐
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.) N/A ☒			☒ ☐
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? Exempt ☒			☒ ☐ *
21. If this claim is based on an existing water right, has the identification number been entered? N/A ☒			☒ ☐
22. Should this claim be data entered?			☒ ☐
Claim checked by: <u>DRM</u>		Date: _____	
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: _____		Date: _____	
Comments: <u>ASSUME 12-31-1978 FOR PRIORITY DATE</u>			
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