

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
CLAIM VERIFICATION EXAM SHEET
FOR DOMESTIC AND STOCKWATER CLAIMS IN PLACE OF A CVR

1. ☒ No Change NAME:
☒ NEW OWNER: _____
☒ No Change ADDRESS: _____
☒ NEW ADDRESS: _____
☐ DATA ENTRY STANDARDS CHECKED?
2. ☐ No Change - DATE OF PRIORITY: No Field Verification Needed.
☐ CHANGE- Priority date, per claimant, is _____.
(if the priority date, based on your exam, seems questionable,
explain in COMMENTS.)
3. ☐ No Change - SOURCE:
☐ CHANGE - Different Source found: _____.
4. ☒ No Change - POINT OF DIVERSION:
☐ Point of diversion is different than the claim
New P/D: Twp. ____, Rge. ____, Sec. ____, 1/4 1/4 1/4

Note: If the 10-acre tract is shown on the claim, then
verification of the 10-acre parcel is needed. Otherwise the
10-acre tract is not required, unless the source is a spring.
5. ☐ No Change - DESCRIPTION OF DIVERTING WORKS:
☐ Incomplete desc., complete items missing, IF KNOWN.
HP of pump _____ Static water level _____ Well depth _____
Casing size _____ Pumping water level _____ Gravity flow _____
Method of irr. _____
6. ☐ No Change -WATER USES:
☐ Different uses, (list uses found).
Use _____ From _____ To _____ Amount _____ cfs _____ af
Use _____ From _____ To _____ Amount _____ cfs _____ af
7. ☐ No Change - TOTAL VOLUME:
☐ Change found, The new total is, -- -- -- _____ cfs _____ af
8. N/A
9. ☐ No Change - NON-IRRIGATION USES: Completed on claim
☐ Incomplete on claim - Exam found:
Domestic - No. of homes _____ Stockwater - No. of head _____
Other: _____
☐ DATA ENTRY STANDARDS (correct to..)

CLAIM NO. _____

10. ☒ No Change - PLACE OF USE: (If changed, list below.)
Use Twp. Rge. Sec. 1/4, 1/4, 1/4

11. ☐ Checked: N/A

12. ☐ Checked: N/A

13. ☐ No change - OTHER RIGHTS FOR SAME USE:
CHANGE: _____

14. ☐ None REMARKS: (copy existing remarks to comments in "R")
☐ Add the following standard remarks:
LIST STANDARD REMARKS FOR THE RECOMMENDATION:

15. ☐ BASIS OF CLAIM VERIFIED AS: D - L - P - S - J (circle one)

COMMENTS: (pertinent to field examination)

RP0306100

ATTACHMENTS: Attached to This Form. Attachments are in Permit File.

PHOTOS ☐
MAP ☐
SYSTEM DIAGRAM ☐

☐
☐
☐

DATE EXAM CONDUCTED: _____

ACCOMPANIED BY: _____

FIELD EXAMINER: _____

SIGNATURE: _____

REVIEWED BY/DATE: _____

DATA ENTRY BY/DATE: _____

VERIFICATION BY/DATE: _____