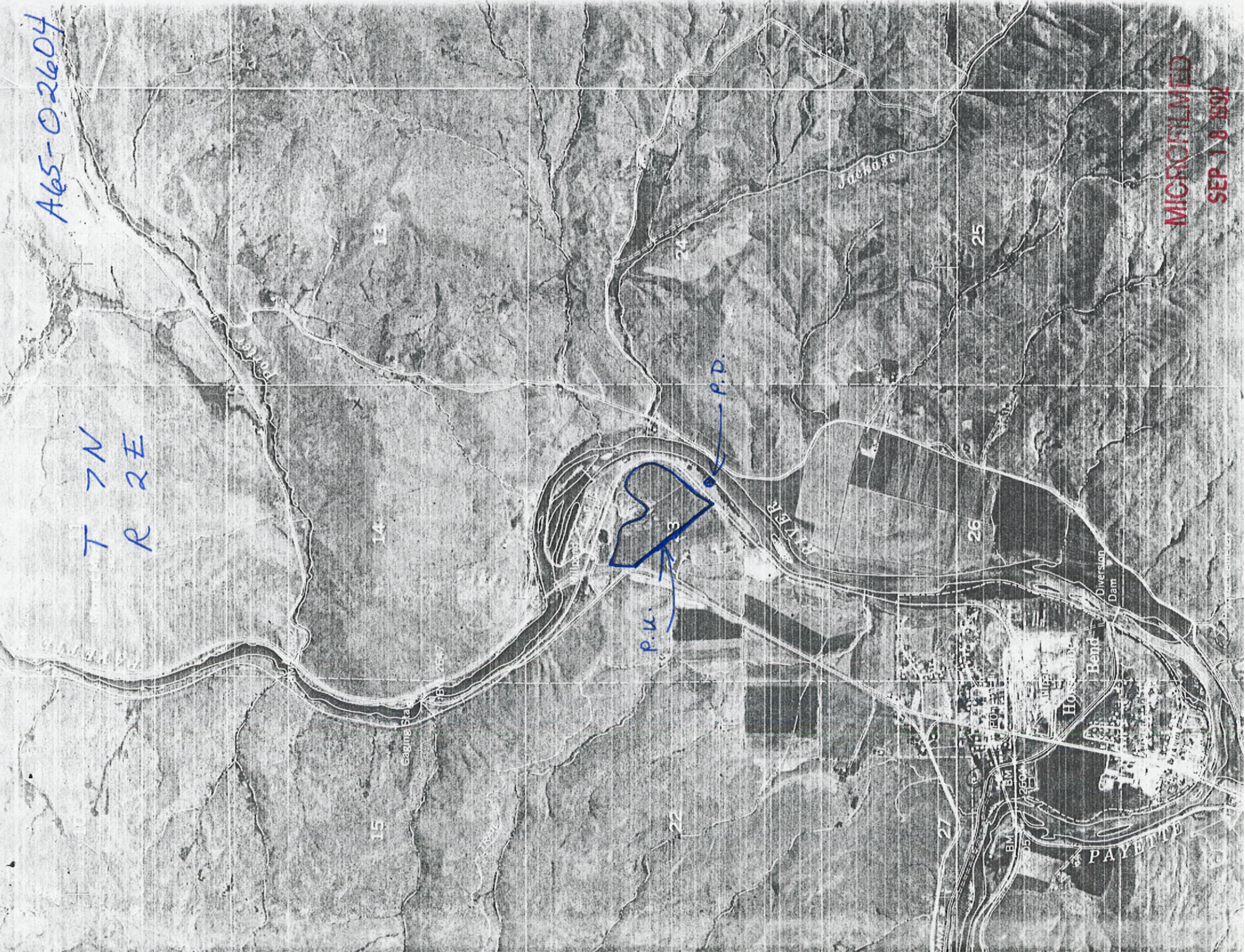


A65-02604

T 7N
R 2E



MICROFILMED

SEP 18 1992

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 65-2604
Date Received: 7/28/89
Receipt No: C008642
Received By:

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s): ROBERT C DRAKE
PO BOX 12
HORSESHOE BEND ID USA 83629

Phone:

MARGARET L DRAKE
308 PIONEER RD
HORSESHOE BEND ID USA 83629

Phone: (208)793-2372

2. Date of Priority: 05/07/1955

3. Source: PAYETTE RIVER Trib. to: SNAKE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07N	02E	23	NE NW SE 8	BOISE	

5. Description of diverting works:

20 HP CENTRIFUGAL PUMP, 3" SUCTION PIPE, PIPELINE, SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	4/01	11/01	0.46	

7. Total Quantity Appropriated is:
0.46 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
07N	02E	23	SW NE	8	IRRIGATION	24
			SE NW		IRRIGATION	12
			NW SE	7	IRRIGATION	9
					Section Acres	45
					Total Acres	45

11. Place of use in counties: BOISE

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

Name removal, and address change for Margaret Drake. DB 4/18/2001

15. Basis of Claim: Decreed

03/07/2001

RECEIVED

APR 11 2001

WATER RESOURCES
WESTERN REGION

NOTICE OF ERROR
REPLY

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: April 13, 2001

Water right number: 65-2448 ~~65-2448~~ **65-2604**

MARGARET L DRAKE
RT 1 BOX 58
HORSESHOE BEND ID 83629
Telephone Number: (208)793-2372

CALVIN C DRAKE
RT 1 BOX 58
HORSESHOE BEND ID 83629
Telephone Number: (208)793-2372

ROBERT C DRAKE
PO BOX 12
HORSESHOE BEND ID 83629

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

*Address change to: 308 Pioneer Rd.
Horseshoe Bend, ID 83629.*

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

*Remove the name of Calvin C. Drake - deceased.
See attached copy of death certificate*

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: _____ SIGNATURE: Margaret L. Drake

Please print your name: _____

IDWR Regional Office, 2735 Airport Way, Boise, ID 83705, (208) 334-2190

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-24101 & 39-241

State File No. _____
Local Reg. No. _____

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN NAME OF DECEDENT For use by physician or institution	DECEDENT — NAME FIRST MIDDLE LAST CALVIN CHARLES DRAKE		SEX Male	DATE OF DEATH (Month, Day, Year) June 30, 1990
	SOCIAL SECURITY NUMBER 519-22-3832		AGE — Last Birthday (Yrs.) 64	
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) HOSPITAL (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA OTHER (4) ☐ Home (5) ☒ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify) _____	
	BIRTHPLACE (City and State or Foreign Country) Horseshoe Bend, Idaho		DATE OF BIRTH (Month, Day, Year) May 22, 1926	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) Foss Ranch; 5 Mi. No. Horseshoe B. Gardenia				
CITY, TOWN OR LOCATION OF DEATH Boise				
COUNTY OF DEATH Boise				
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Margaret Olsen		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Rancher
RESIDENCE STATE Idaho		COUNTY Boise	CITY, TOWN OR LOCATION Horseshoe Bend	STREET AND NUMBER Route 1, Box 58
INSIDE CITY LIMITS? ☐ Yes ☒ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE — American Indian, Black, Japanese, White, etc. (Specify) White
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		College (1-4 or 5+) _____		
FATHER — NAME Ross Drake				
BIRTHPLACE Nebraska				
MOTHER — FULL MAIDEN NAME Rena E. Gatfield				
BIRTHPLACE Kansas				
INFORMANT'S NAME (Type/Print) Margaret Drake				
MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt 1 Box 58 Horseshoe Bend, Idaho 83629				
METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho				
PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pioneer Cemetery				
LOCATION — City or Town, State Horseshoe Bend, Idaho				
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Walter Potter</i>				
LICENSE NUMBER (of Licensee) M-445				
NAME AND ADDRESS OF FACILITY Potter Funeral Chapel, Emmett, Idaho Box 697				
TIME OF DEATH 10:35 a.m.				
DATE PRONOUNCED DEAD (Month, Day, Year) June 30, 1990				
WAS CASE REFERRED TO CORONER? ☒ Yes ☐ No				
MANNER OF DEATH (Check One) ☐ Natural ☐ Homicide ☐ Suicide ☒ Accident ☐ Pending Investigation ☐ Could Not Be Determined				
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. multiple internal injuries DUE TO (or as a consequence of): b. _____ DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____				
Approximate Interval Between Onset and Death sudden				
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. _____ _____ _____				
WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No				
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No				
CERTIFIER (Check only one) ☐ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☒ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
SIGNATURE AND TITLE OF CERTIFIER <i>Jim Stam</i> Dep. Coroner				
LICENSE NUMBER 29c				
DATE SIGNED (Month, Day, Year) July 2, 1990				
NAME AND ADDRESS OF CERTIFIER (Type/Print) Jim Stam Box 118 Horseshoe Bend, Idaho 83629				
DATE OF INJURY (Mo., Day, Yr.) June 30, 90				
HOUR OF INJURY 10:00 am				
DESCRIBE HOW INJURY OCCURRED swather operator fell forward into sycle and reel				
INJURY AT WORK? IF TRANSPORTATION ACCIDENT, Specify ☒ Yes ☐ No ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____				
PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) farm				
LOCATION (Street or Route Number, City/Town, or County, and State) milepost 69.1 highway 55 east side of highway				
CORONER'S ACTION (Check One) (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified				
CORONER'S SIGNATURE 29b				
DATE SIGNED (Month, Day, Year) 31c				
REGISTRAR'S SIGNATURE 32a				
DATE FILED (Month, Day, Year) 32b				

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A65-02604
Date Received: 7-28-89
Receipt No: 000 8642
Received By: CA

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CALVIN C. DRAKE 208-793-2372
Address: RT 1, BOX 58
HORSESHOE BEND, ID 83629

AND/OR

Name: MARGARET L. DRAKE 208-793-2372
Address: RT 1, BOX 58
HORSESHOE BEND, ID 83629

AND/OR

Name: ROBERT C. DRAKE
Address: P.O. BOX 12
HORSESHOE BEND, ID 83629

2. Date of Priority: MAY 07, 1955

3. Source: PAYETTE RIVER Trib. to: SNAKE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
07N	02E	23	NE	NW	SE	8	BOISE

5. Description of diverting works:
20 HP CENTRIFUGAL PUMP, 3" SUCTION PIPE, PIPELINE, SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.460		

7. Total Quantity Appropriated is:
0.460 C.F.S. (and/or) A.F.A.

8. Total consumptive use is 112.5 Acre Feet Per Annum.

9. Non-irrigation uses:

A65-02604

Page 1

Date: 07/28/89

MICROFILMED
SEP 18 1992

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
07N	02E	23	SW	NE	8	IRR	24.0
			SE	NW		IRR	12.0
			NW	SE	7	IRR	9.0
						Section Acres	45.0
						Total Acres	45.0

11. Place of use in counties: BOISE

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
65-02448

14. Remarks:

15. Basis of Claim: DECREED
Case Number:
Court :
Decree date:

STATE OF IDAHO

Decree Plaintiff

vs

A & C CORP., ET AL.

Decree Defendant

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: -/-

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Caleb C. Drake Date: 7/28/89

Margaret L. Drake Date: 7-28-89

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 28th day

of July 19 89

Carter Fritschle
Notary Public

Seal

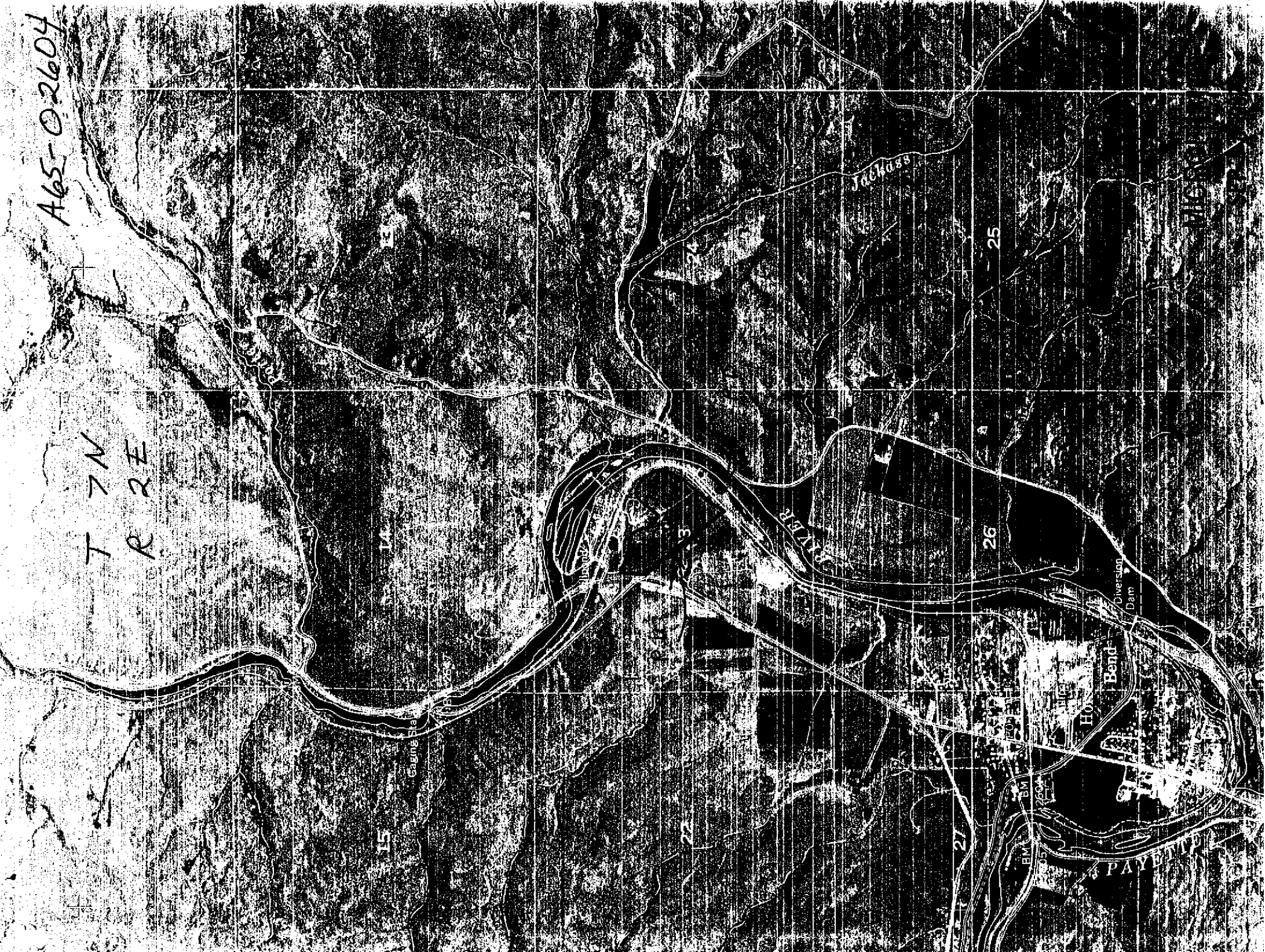
Residing at _____

My Commission Expires _____

Carter Fritschle, Notary Public
Residing at Eagle, Idaho
My Commission Expires March 21, 1994

A65-02604

T 7N
R 2E





State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

May 4, 2001

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

Dear Basin 65 water user:

This letter is to inform you that you may be eligible to file a stockwater claim with the Idaho Department of Water Resources (IDWR) in connection with the Snake River Basin Adjudication (SRBA). IDWR is sending this letter to water users in Basin 65 who might have relied upon the non-irrigation season stockwater provision in the Payette Adjudication. This provision states:

"When stockwater is not a specifically mentioned use for a right that includes irrigation, a reasonable flow is implied and included for the watering of livestock during the non-irrigation season."

In another basin, the Idaho Supreme Court struck down general provisions that contained similar language. The non-irrigation season stockwater language quoted above was not included in the General Provisions for Basin 65 because of the Idaho Supreme Court's ruling.

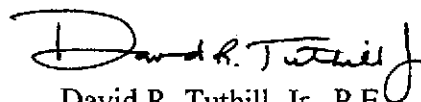
IDWR recognizes that in reliance on the non-irrigation season stockwater language in the Payette Adjudication, water users might not have filed stockwater claims in the SRBA to cover the non-irrigation season period. Individuals who historically watered livestock during the non-irrigation season without a separate stockwater claim might desire to file a new stockwater claim with IDWR.

To be eligible for a new non-irrigation season stockwater claim:

1. You must have actually and historically watered livestock during the non-irrigation season without a separate stockwater right.
2. You must have filed a surface water irrigation claim in both the Payette Adjudication and the SRBA.
3. You must not have filed a stockwater claim with the surface water irrigation claim.

If you meet these three requirements, you may file a Notice of Claim form for stockwater with IDWR. **To have a timely filing you must file this claim with IDWR by May 25, 2001.** IDWR will waive filing fees for these stockwater claims if filed before this deadline. Failure to file your claim in a timely manner may prevent you from claiming it in the future. Notice of Claim forms are available on IDWR's website at www.idwr.state.id.us/info/water/srba/forms.htm or from any IDWR office. Claimants can call IDWR, Western Region at (208) 334-2190 to make an appointment if they need assistance filling out a Notice of Claim form.

Sincerely,


David R. Tuthill, Jr., P.E.
Adjudication Bureau Chief

04/18/2001

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 65-2604

NAME AND ADDRESS: MARGARET L DRAKE
308 PIONEER RD
HORSESHOE BEND, ID 83629

ROBERT C DRAKE
PO BOX 12
HORSESHOE BEND, ID 83629

SOURCE: PAYETTE RIVER TRIBUTARY: SNAKE RIVER

QUANTITY: 0.46 CFS

USE OF THIS RIGHT WITH RIGHT NO. 65-02448 IS LIMITED TO
A TOTAL COMBINED DIVERSION RATE OF 0.02 CFS PER ACRE AT
FIELD HEADGATE.

PRIORITY DATE: 05/07/1955

POINT OF DIVERSION: T07N R02E S23 LOT 8 SWNE Within BOISE County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	4-01 11-01	0.46 CFS

PLACE OF USE:

<u>IRRIGATION Within BOISE County</u>			
T07N R02E S23	SENW	11	T07N R02E S23 LOT 8 SWNE 14

25 ACRES TOTAL

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Decreed

10/25/2000

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 65-2604

NAME AND ADDRESS: ROBERT C DRAKE
PO BOX 12
HORSESHOE BEND, ID 83629
CALVIN C DRAKE
MARGARET L DRAKE
RT 1 BOX 58
HORSESHOE BEND, ID 83629

SOURCE: PAYETTE RIVER TRIBUTARY: SNAKE RIVER

QUANTITY: 0.46 CFS

USE OF THIS RIGHT WITH RIGHT NO. 65-02448 IS LIMITED TO A
TOTAL COMBINED DIVERSION RATE OF 0.02 CFS PER ACRE AT FIELD
HEADGATE.

PRIORITY DATE: 05/07/1955

POINT OF DIVERSION: T07N R02E S23 LOT 8 SWNE Within BOISE County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	4-01 11-01	0.46 CFS

PLACE OF USE:

<u>IRRIGATION Within BOISE County</u>			
T07N R02E S23	SENE	11	T07N R02E S23 LOT 8 SWNE 14
25 ACRES TOTAL			

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE
EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE
ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER
THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6),
IDAHO CODE.

00:10:45
06/10/00
270

CLAIM NUMBER: A65-02604

Water Source: PAYETTE RIVER Tributary to: SNAKE RIVER Stage: DECREED

Point(s) of Diversion: T07N R02E S23 Lot08(NE1/4) BOISE County

Place of use Legal Description for: IRRIGATION

				NE				NW				SW				SE				
				NENE	NWNE	SWNE	SENE	NENW	NWNW	SWNW	SENW	NESW	NWSW	SWSW	SESW	NESE	NWSE	SWSE	SESE	
T	R	S	:	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	Lt Ac	SUM
07N	02E	23	:			08-24					12						07-09			45.0
																TOTAL ACRES				48.0

POU County: BOISE

Other Rights: 65-02448

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number: 65

Field Inspection Flag:
Presumption Flag: 0

QNT 65-02448 201
.02

c/c

WR5809NP
No. 65-02604

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT

DATE: 06/10/00
PAGE: 17

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
P	ROBERT C. DRAKE P.O. BOX 12 HORSESHOE BEND ID 83629	05/07/1955	IRRIGATION	04/01 11/01	0.460 CFS	
					TOTAL DIVERSION:	0.460 CFS
P	CALVIN C. DRAKE RT 1, BOX 58 HORSESHOE BEND ID 83629 (208) 793-2372					
C	CLAYTON WATSON HORSESHOE BEND ID 83629					
C	KENNETH T. ROBERTS					
C	GLORIA Y. ROBERTS					

Water Source: PAYETTE RIVER

Tributary to:

Stage: DECREED

Point(s) of Diversion: T07N R02E S23 Lot 08() Lot 08(SWNE)

BOISE County

Place of use Legal Description for: IRRIGATION

				NE				NW				SW				SE					
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	SUM
07N	02E	23	:			08-14	:				11	:								:	25.0
																				TOTAL ACRES	25.0

Pou County: BOISE

Remarks: GEN THIS RIGHT WHEN COMBINED WITH RIGHT 65-2448 SHALL PROVIDE NO
MORE THAN .02 CFS/ACRE.

Dates:	App. Received:	Priority Date:	05/07/1955
	Proof Due Date:	Proof Made Date:	
	Exam Made Date:	Exam Sent to S.O.:	
	Licensed Date:		

Misc: Water District Number: 65 Field Exam Fee:

State of Idaho
Department of Water Resources
**REQUEST FOR EXTENSION OF TIME
TO FILE ADJUDICATION CLAIM(S)**

The Idaho Department of Water Resources will consider this form as a request by the claimant for an additional period of time in which to file claim(s) beyond the 90 days allowed by Section 42-1409(10), Idaho Code.

CALVIN C. DRAKE (208) 793-2372
Name of Claimant Phone Number
~~CALVIN~~ Rt#1 Box 58 Horseshoe Bend Ida. 83629
Mailing Address City State Zip
Boise 5-19-89
County(s) where place of use is located Date claim originally due
65-2448 + 65-2604
Identify water right(s) for which extension is requested

State why an extension of time is requested explaining how a diligent effort has been made to meet the deadline:

I just acquired deed to property - from Gloria Roberts
assuming she had filed - she assumed I would
Roberts went into water resource office approx 5-1-89
signed deed over to us approx 5-15-89.

Claimant requests an extension to _____, 19____
Calvin C Drake 7/28/89, 19____
Signature Date of request
owner
Title

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

The above request for extension of time is hereby [☒ granted] [☐ denied] for the following reasons:

and if granted the filing deadline is extended to 7/28/89, 19____

Signed this 31 day of July, 1989

David B. Shaw
Director or his designated agent

DAVID B. SHAW

Mail to: Idaho Department of Water Resources
1301 N. Orchard St.
Boise, ID 83706

MICROFILMED

SEP 18 1989

CLAIMANT'S NAME: Calvin DrakeDATE: 7-28-89EMPLOYEE: Carter Fritschle CF

RE: The p.d. claimed for this water right was found when water right 65-07931 was field examined. The legal description for the actual p.d. is different than the legal description of the decreed p.d. This claim should be field inspected to determine the number of acres irrigated. The acres claimed were determined from the remote sensing data

MICROFILMED

SEP 18 1992