

No Color

Documents

In File

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 65-8934
Date Received: 3/30/89
Receipt No: X999999
Received By:

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

1. Name of Claimant(s): MARGARET DRAKE Phone: (208) 793-2372
308 PIONEER RD
HORSESHOE BEND ID USA 83629

2. Date of Priority: 06/01/1959

3. Source: PAYETTE RIVER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07N	02E	23	2	BOISE	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	4/01	11/01	0.2	

7. Total Quantity Appropriated is:
0.2 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	NE NE	2	IRRIGATION	10
Section Acres						10
Total Acres						10

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:

Ownership changed by DB 4/17/2001

15. Basis of Claim: Decreed

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED

APR 11 2001

WATER RESOURCES
WESTERN REGION

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
 Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
	<u>65-2662</u>				
	<u>65-8382</u>				
	<u>65-8381</u>				
	<u>65-2694</u>				
	<u>65-8934</u>				

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
 PLAT OF PROPERTY or SURVEY MAP clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) are for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the PLAT OF PROPERTY or SURVEY MAP.

3. Name and Address of Former Owner/Claimant(s) Calvin C. Drake.
Rt 1 Box 58, Horseshoe Bend, ID
4. New Owner/Claimant(s) Margaret L. Drake.
Name Connector (Check one) ☐ and, ☐ or, ☐ and/or
- New Mailing Address 308 Pioneer Rd.
- City, State and ZIP Code Horseshoe Bend, ID 83629.
- New Telephone Number (208)-793-2372.
5. Date you acquired the property _____

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s) Margaret L. Wicks
(include title if applicable) _____

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only

Received by _____ Date _____ Fee _____
 Received by _____ Date _____ Receipt No. _____
 Processed by _____ AJ Date _____ WR _____ Date _____

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 THE DEATH UNDER IDAHO CODE 36-214(a) & 36-22

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	SEX	DATE OF DEATH (Month, Day, Year)
CALVIN		CHARLES	DRAKE	Male	June 30, 1990	
SOCIAL SECURITY NUMBER		AGE — Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (City and State or Foreign Country)
519-22-3832		64			May 22, 1926	Horseshoe Bend, Idaho
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one) *		HOSPITAL		
☒ Yes ☐ No		(1) ☐ Inpatient		(4) ☐ Licensed Nursing Home		
		(2) ☐ ER/Outpatient (3) ☐ DOA		(5) ☒ Private Residence (7) ☐ Other (Specify) _____		
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)				CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH
Foss Ranch, 5 Mi. No. Horseshoe B.				Gardenia		Boise
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS / INDUSTRY
Married		Margaret Olsen		Rancher		Cattle Ranch
RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER	ZIP CODE	
Idaho	Boise	Horseshoe Bend		Route 1, Box 58	83629	
INSIDE CITY LIMITS?	WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE — American Indian, Black, Japanese, White, etc. (Specify)		18. DECEDENT'S EDUCATION (Specify only highest grade completed)	
☐ Yes ☒ No	☐ Yes ☒ No		White		Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____	

PARENTS

FATHER — NAME	BIRTHPLACE	MOTHER — FULL MAIDEN NAME	BIRTHPLACE
Ross Drake	Nebraska	Rena E. Gatfield	Kansas

INFORMANT

INFORMANT'S NAME (Type/Print)	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Margaret Drake	Rt 1 Box 58 Horseshoe Bend, Idaho 83629

DISPOSITION

METHOD OF DISPOSITION	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	LOCATION — City or Town, State
☒ Burial ☐ Cremation ☐ Removal from Idaho	Pioneer Cemetery	Horseshoe Bend, Idaho
20a. ☐ Donation ☐ Other (Specify) _____		

CAUSE OF DEATH

SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)	NAME AND ADDRESS OF FACILITY
<i>Walter Potter</i>		M-445	Box 697 Potter Funeral Chapel, Emmett, Idaho
TIME OF DEATH	DATE PRONOUNCED DEAD (Month, Day, Year)	WAS CASE REFERRED TO CORONER?	MANNER OF DEATH (Check One)
10:35 a.m.	June 30, 1990	☒ Yes ☐ No	☐ Natural ☐ Homicide ☐ Suicide ☒ Accident
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 sudden			
b. DUE TO (or as a consequence of) _____			
c. DUE TO (or as a consequence of) _____			
d. DUE TO (or as a consequence of) _____			
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I			
WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
☐ Yes ☒ No		☐ Yes ☐ No	

CERTIFIER

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		DATE SIGNED (Month, Day, Year)
<i>Jim Stam</i> Dep. Coroner		July 2, 1990
NAME AND ADDRESS OF CERTIFIER (Type/Print)		
Jim Stam Box 118 Horseshoe Bend, Idaho 83629		

TO BE USED FOR EXTERNAL CAUSES ONLY

DATE OF INJURY (Mo, Day, Yr)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
June 30, 90	10:00 am	swather operator fell forward into sycle and reel
INJURY AT WORK?	IF TRANSPORTATION ACCIDENT Specify	PLACE OF INJURY — At home (farm, street, factory, office building, etc. (Specify)
☒ Yes ☐ No	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____	farm
LOCATION (Street or Route Number, City/Town or County, and State)		
milepost 69.1 highway 55 east side of highway		

CORONER'S REVIEW AREA

CORONER'S ACTION (Check One)	CORONER'S SIGNATURE	DATE SIGNED (Month, Day, Year)
(1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified		

REGISTRAR

REGISTRAR'S SIGNATURE	DATE FILED (Month, Day, Year)

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: A65-08934
Date Received: 3/30/1989
Receipt No: X999999
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

2. Date of Priority: JUN 01, 1959

3. Source: PAYETTE RIVER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County
07N	02E	23		2	BOISE

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.200		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
07N	02E	23	NE NE	2	IRR	10.0

Section Acres 10.0

Total Acres 10.0

A65-08934

Page 1

Date: 03/30/89

MICROFILMED
SEP 23 1992

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:

15. Basis of Claim: DECREED

Case Number:

Court :

Decree date: 1/21/1986

STATE OF IDAHO

Decree Plaintiff

vs

A & C CORP., ET AL.

Decree Defendant

MICROFILMED
SEP 23 1992

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): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____
My Commission Expires _____

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. No.

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

Please type or print clearly:

Name of Claimant(s) Calvin C. Drake

Mailing Address Rt. 1, Box 58
(include Zip Code) Horseshoe Bend, ID 83629

Phone Number (208) 793 - 2372

MICROFILMED
SEP 23 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: 65-08934
DATE RECEIVED: 3-30-89
RECEIPT NO: X 999999
RECEIVED BY: CA

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. NAME: CALVIN C. DRAKE
ADDRESS: ROUTE 1
HORSESHOE BEND, ID 83629

2. DATE OF PRIORITY: JUN 01, 1959

3. SOURCE: PAYETTE RIVER TRIB. TO:

4. POINT OF DIVERSION:

TOWNSHIP	RANGE	SECTION	1/4 OF 1/4 OF 1/4	LOT	COUNTY
07N	02E	23		2	BOISE

5. DESCRIPTION OF DIVERTING WORKS:

6. WATER IS USED FOR THE FOLLOWING PURPOSES:

PURPOSE	FROM	TO	C.F.S.	(OR)	A.F.A.
IRRIGATION	04/01	11/01	0.200		

7. TOTAL QUANTITY APPROPRIATED IS:
0.200 C.F.S. (AND/OR) A.F.A.

8. TOTAL CONSUMPTIVE USE IS ACRE FEET PER ANNUM.

9. NON-IRRIGATION USES:

10. PLACE OF USE:

TOWNSHIP	RANGE	SECTION	1/4 OF 1/4	LOT	USE	ACRES
07N	02E	23	NE NE	2	IRR	10.0

SECTION ACRES 10.0

TOTAL ACRES 10.0

65-08934

PAGE 1

DATE: 03/04/89

817

MICROFILMED
SEP 23 1992

11. PLACE OF USE IN COUNTIES: BOISE, BOISE

12. DO YOU OWN THE PROPERTY LISTED ABOVE AS PLACE OF USE? YES

13. OTHER WATER RIGHTS USED:

14. REMARKS:

15. BASIS OF CLAIM: DECREE

CASE NUMBER:

COURT :

DECREE DATE: 1/21/1986

STATE OF IDAHO
DECREE PLAINTIFF

A & C CORP., ET AL.
VS 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): X Debra C Debra DATE: 3/30/89

DATE: _____

FOR ORGANIZATIONS:

I DO SOLEMNLY SWEAR OR AFFIRM THAT I AM _____ OF

TITLE
_____, THAT I HAVE SIGNED THE FOREGOING
ORGANIZATION
DOCUMENT IN THE SPACE BELOW AS _____ OF

TITLE
_____ AND THAT THE STATEMENTS CONTAINED IN THE
ORGANIZATION
FOREGOING DOCUMENT ARE TRUE AND CORRECT.

SIGNATURE OF AUTHORIZED AGENT

TITLE AND ORGANIZATION

DATE

STATE OF IDAHO)
COUNTY OF Ada) SS.

SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS 30th DAY
OF March 19 89

Carter Fritschel
NOTARY PUBLIC

SEAL

RESIDING AT _____

MY COMMISSION EXPIRES _____

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



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.

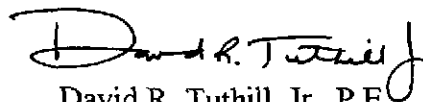
IDWR recognizes that in reliance on the non-irrigation season stockwater language in the Payette Adjudication, water users might not have filed stockwater claims in the SRBA to cover the non-irrigation season period. Individuals who historically watered livestock during the non-irrigation season without 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: 65-8934

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

SOURCE: PAYETTE RIVER TRIBUTARY: SNAKE RIVER

QUANTITY: 0.2 CFS

USE OF THIS RIGHT WITH RIGHT NO. 65-08382 IS LIMITED TO
A TOTAL COMBINED DIVERSION RATE OF 0.02 CFS PER ACRE AT
FIELD HEADGATE.

PRIORITY DATE: 06/01/1959

POINT OF DIVERSION: T07N R02E S23 LOT 2 NENE 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	0.20 CFS

PLACE OF USE:

IRRIGATION Within BOISE County
T07N R02E S23 LOT 2 NENE 10

10 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

10/16/2000

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

RIGHT NUMBER: 65-8934

NAME AND ADDRESS: CALVIN C DRAKE
RT 1 BOX 58
HORSESHOE BEND, ID 83629

SOURCE: PAYETTE RIVER TRIB: SNAKE RIVER

QUANTITY: 0.2 CFS

USE OF THIS RIGHT WITH RIGHT NO. 65-08382 IS LIMITED TO A
TOTAL COMBINED DIVERSION RATE OF 0.02 CFS PER ACRE AT FIELD
HEADGATE.

PRIORITY DATE: 06/01/1959

POINT OF DIVERSION: T07N R02E S23 LOT 2 NENE 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	0.20 CFS

PLACE OF USE:

IRRIGATION Within BOISE County
T07N R02E S23 LOT 2 NENE 10
10 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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

00:35:43
06/10/00
1037

PAGE: 16
PROFILE REPORT

CLAIM NUMBER: A65-08934

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	CALVIN C DRAKE	06/01/1959	IRRIGATION	04-01 11-01	0.200 CFS	
					TOTAL DIVERSION:	0.200 CFS

Water Source: PAYETTE RIVER

Tributary to:

Stage: DECREED

Point(s) of Diversion:

T07N R02E S23 Lot02

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	:	02-10																:	10.0
																				TOTAL ACRES	10.0

PDU County: BOISE

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number: 65

Field Inspection Flag:
Presumption Flag:

QNT w/ 8382
EOL

C18

WR5809NP
No. 65-08934

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT

DATE: 06/10/00
PAGE: 62

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
P	CALVIN C. DRAKE RT. 1, BOX 58 HORSESHOE BEND ID 83629 (208) 793-2372	06/01/1959	IRRIGATION	04/01 11/01	0.200 CFS	
TOTAL DIVERSION:					0.200 CFS	
C	CALVIN C. DRAKE ROUTE 1 HORSESHOE BEND ID 83629					

Water Source: PAYETTE RIVER

Tributary to:

Stage: DECREED

Point(s) of Diversion: T07N R02E S23 Lot 02()

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	:	02-10																:	10.0
																				TOTAL ACRES	10.0

Pou County: BOISE

Dates:	App. Received:	Priority Date:	06/01/1959
	Proof Due Date:	Proof Made Date:	
	Exam Made Date:	Exam Sent to S.O.:	
	Licensed Date:		

Misc: Water District Number: 65 Field Exam Fee: