



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov

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DEC 28 2005

DEPARTMENT OF
WATER RESOURCESDIRK KEMPTHORNE
GovernorKARL J. DREHER
Director

FAX Transmittal Cover Sheet

RECEIVED

DEC 23 2005

WATER RESOURCES
WESTERN REGIONNumber of pages including this one: 5Date: 12.12.05To: James BowmanFax No.: 585-265-2306From: Lori PawFax, No.: 208 287 6701Phone No.: 287-4909Subject: ownership change per Becky Harveys request

damni.smith@idwr.idaho.gov

RECEIVED

DEC 23 2005

WATER RESOURCES
WESTERN REGION

Form 42-242(W-1) (Rev. 10/01)

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

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 (under the "split" heading), 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
PD 84-10794	39365				

Not issued as of 12-28-05

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 A 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) is 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) Prairie Land + Timber Co. + Virginia Ketchum
4. New Owner/Claimant(s) Grangeville ID PO BOX 1621
James and Barbara Bowman Grangeville, ID 83544
Name Connector (Check one): () and, () or, () and/or
- New Mailing Address 1364 Brick Church Rd
- City, State and ZIP Code Ontario, N.Y. 14519
- New Telephone Number (1315) 524 5404
5. Date you acquired the property 5/27/05

Form 42-64842-140(5) July, 2000

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) James R. Burman + Barbara H. Burman
(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

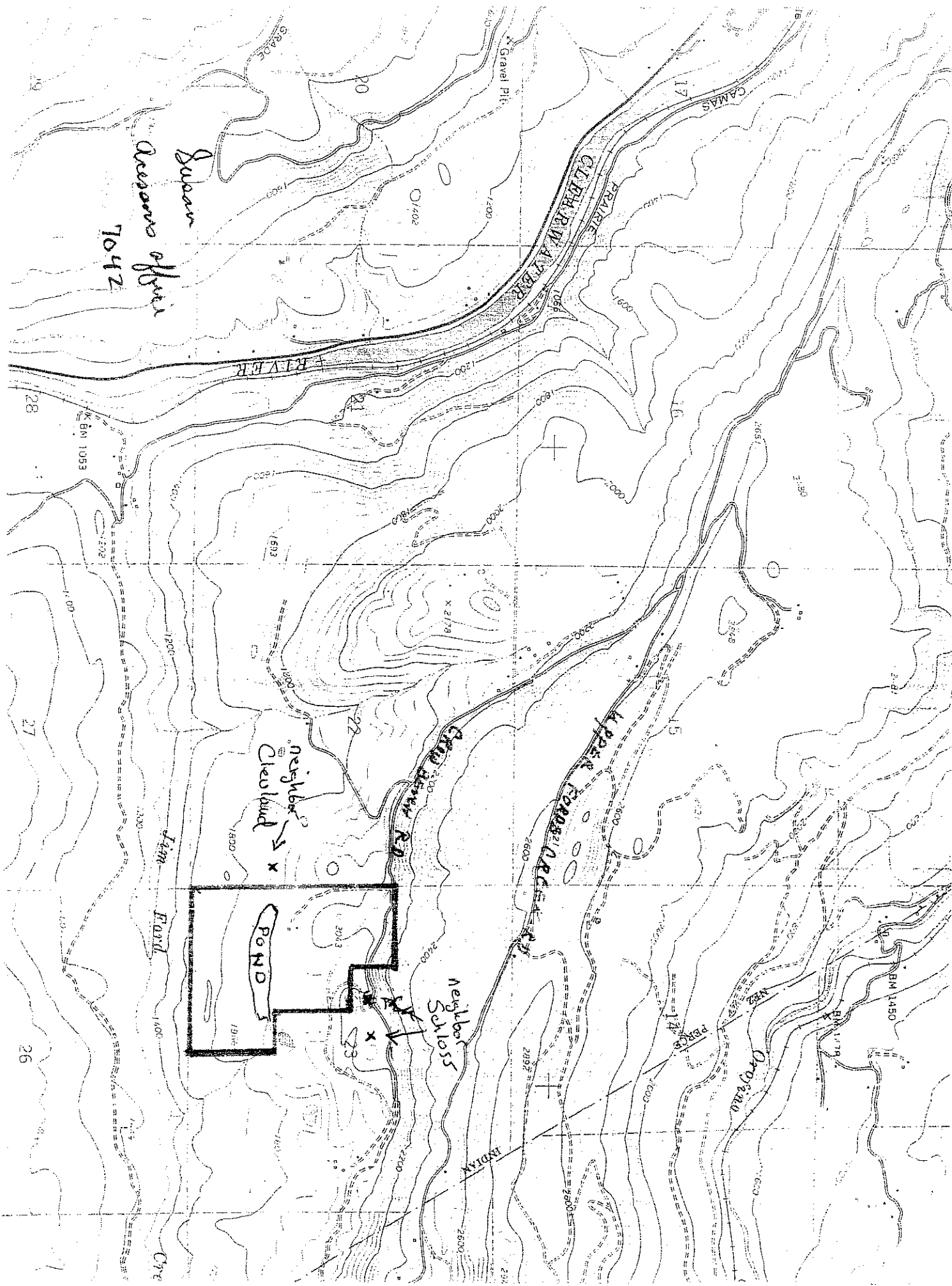
Received by LS Date 12-23-05 Fee 25-
 Received by WFO Date 12-23-05 Receipt No. W033700
 Processed by _____ AJ Date _____ WR _____ Date _____

December 12, 2005

Description of water right (84-10794) change of ownership to accompany the aerial photograph and map submitted by James & Barbara Bowman

1. Point of diversion is the pond.
2. Area of irrigation is the fields to the north of the pond





State of Idaho
Clearwater County
P.O. Box 585
Orofino, Idaho 83544



Angela Vander Pae
Rural Addressing Coordinator
AVANDERPAE@CLEARWATERCOUNTY.ID
208-475-7282

Address Request FormDate Sept 8, 2005Name James & Barbara BowmanPhone 315 524 5404Current Mailing 1364 Brick Church RdOntario, N.Y. 14519Parcel Number (RP#) 36N02E 23601A 36N02E 236600A
36N02E 236002A 36N02E 236601ALegal Description Sec 23 36 N 2 ES 1/2 SW NW, W 1/2 NE SW, NWSW, SE SW, 60' of E 1/2 NE SWSmall File Number 3763Rain # 3186Road Name Crow Bench**New Address**3186 Crow BenchOrofino, Id 83544

Angela Vander Pae
Rural Addressing Coordinator

9/9/05
Date

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: 984-39356
Ident. Number 187994
Date Received _____
Receipt Number 11-1288

RECEIVED
OCT 27 1998
DEPARTMENT OF WATER RESOURCES
TWIN FALLS DISTRICT OFFICE

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

Please type or print clearly for C. H. KENNEDY & ASSOCIATES, INC.,
ATTORNEYS AT LAW, 476-3168

1. Name of Claimant (s) DARREL E. O'CONNOR, OR CUEWA WATER INVESTMENTS, LLC, Phone (208) 476-3168
OR BRIAN CASEY OF HISTORICAL CASE

Mailing Address: PO BOX 111 ORLANDO ID 83544 ZIP _____

2. Date of Priority (Only one (1) per claim) JAN. 1, 1962

3. Source of water supply (a) SPRINGS
which is tributary to (b) FOROS CREEK

4. a. Location of existing point of diversion is: Township 36N Range 2E Section 23

N2E 1/4 of AS 1/4 of SW 1/4, Govt. Lot, B.M. County of CUEWA WATER

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is: _____

Township _____ Range _____ Section _____ 1/4 of _____ 1/4 of _____

Govt. Lot _____ B.M. County of _____

ending point is: Township _____ Range _____ Section _____ 1/4 of _____ 1/4 of _____

1/4, Govt. Lot _____ B.M. County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well. Electric pump on approximately 220

AC. FT. LAKE, pipes to approximately 1800 ft. above lake. Div. Aug 11 has been
located. This lake was dammed. Lake is filled & sealed. Below surface
BOILER IS THEREON OVER

15. Basis of Claim (check one) ☒ Ben. Use ☐ Permitted Notice ☐ L. Use ☐ Permit

If applicable provide IDWR Water Right Number _____

Court _____ Case Number _____ Decree Date _____

Plaintiff vs Defendant _____

16. Signature (s) _____

(e) By signing below, I/We acknowledge that I/We have received, read, and understood the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b) I/We do _____ do not _____

Number of attachments _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) David E. Olson Date 10/10/88

Date _____

For Organizations: I do solemnly swear or affirm that I am _____ Title _____

of _____ Organization _____ that I have signed the foregoing

document in the space below as _____ Title _____ Organization _____

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent David E. Olson

Title and Organization Owner Date 10/14/88

State of Idaho/for _____ SS. _____

County of Clearwater)

Subscribed and sworn (or affirmed) before me this 10th day of October 19 88

SEAL

Notary Public Heidi E. Olson

Residing at Orion

My Commission Expires 1/30/91

17. Notice of Appearance: _____ will be acting as attorney at law on behalf

Notice is hereby given that I, _____ of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

Last Name _____ Ident. Number ABV-10794

Copy: White-Song, Yellow-Chinman

10/20/88

5. Water is obtained for the following uses:

(both rates are inclusive)

(cfs)

¡Atrás los reyes!

2 For LIBRARIAN STORAGE purposes from 1-1 to 12-81 amount 440 or

1 For LIBRARIAN STORAGE ^{from} purposes from 6-1 to 9-30 amount 70 or 70

c. For ^{from} ~~IRS~~ storage purposes from 6-1 to 8-30, amount _____ or 70.

25) For STANDARD STORAGE purposes from 1-1 to 12-31 amount or 220

Q. No.	For STOCKING, ⁵⁰⁰⁰ STORAGE purposes from	to	amount	or	
1.	RECREATION STORAGE	1-2	12-31	0.04	2.20
2.	Total quantity claimed (a)	0.04	(c) and/or (b)	2.20	(acre feet)

8. Total consumptive use claimed is 72 acre feet per annum.

9. Non-irrigation uses, describe fully (e.g. Domestic, Stockwater, Type and number of livestock Etc.) Stock - 40 cattle

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below;
b. if water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

[illegible]

Total number of acres irrigated

20

11. In which county (ies) are lands listed above as place of use located? CLAREMARE

12. Do you own the property listed above as place of use? Yes ☒ No ☐

If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above

or Name:

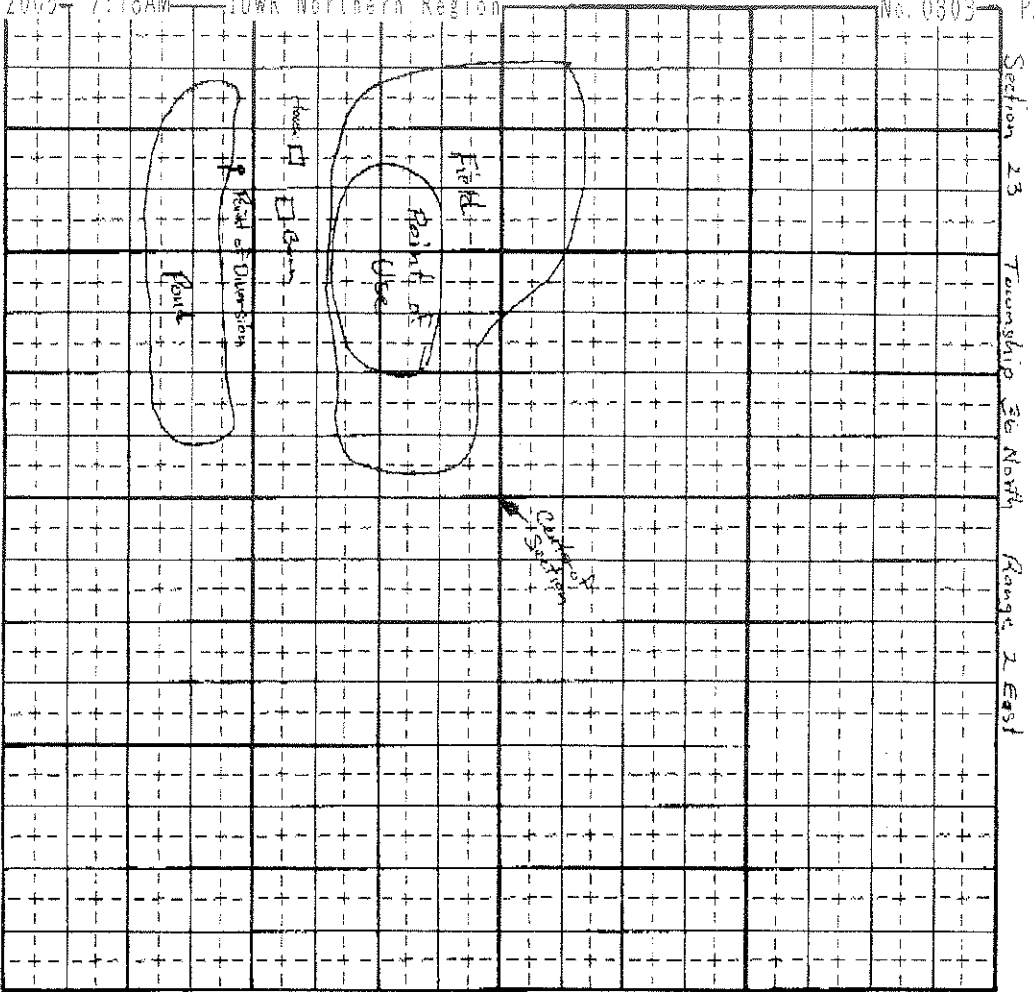
12. Remark:

UNDIVIDED INTEREST IN OWNERSHIP OF 5 PARTIES

Last Name _____ Ident. No. 4180177

Copies: PHM: 8, 2, Yellow, 1, 2, 2

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.
Scale 1 inch equals 1 mile



Last Name

Ident No. 1884-10794

Copy: 241-244, Yellow Comment

241-244 and

06/29/2004

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

RIGHT NUMBER: 84-10796
NAME AND ADDRESS: MAXINE FELD
PO BOX 1621
OREGONO ID 83544

VIRGINIA KENNEDY
PO BOX 1621
OREGONO ID 83544

DARRELL E OLSON
PO BOX 1621
OREGONO ID 83544

C B KERNAC
PO BOX 1621
OREGONO ID 83544

BRINN CASH
PO BOX 1621
OREGONO ID 83544

CLARKWATER INVESTMENTS INC
PO BOX 1621
OREGONO ID 83544

SOURCE: SERIAL: TRIPPOY, STE FRED CHURCH
QUANTITY: 0.040 CFS
228.000 AFT

PRIORITY DATE: 01/01/1963

PRIOR OR DIVERSION:

796N 302E S23 W1/4N 70E 233

PURPOSE AND
PERIOD OF USE:

PERIOD OF USE	QUANTITY
PERMANENT USE	228.00 AFT
STORAGE	70.00 AFT
IRRIGATION FROM STORAGE	220.00 AFT
PERMANENT STORAGE	9.040 CFS
STORAGE FROM STORAGE	220.00 AFT

PLACE OF USE:

IRRIGATION FROM STORAGE, WITHIN CLATSOP COUNTY
796N 302E S23 W1/4N 70E 233
STORAGE FROM STORAGE: SAME AS IRRIGATION FROM
STORAGE

OTHER PROTECTIONS NECESSARY FOR DEFINITIVE OR ADMINISTRATION OF THIS WATER RIGHT:

23 ADJACENT

NO BENEFICIAL USE FOUND: This is included for a claim based on
beneficial use. It is recommended that the claim be dropped because beneficial use
of water was not established by either field examination or by other
evidence submitted by the claimant.

EXPLANATORY MATERIAL: Beneficial Use

Water Right # 10796

CLEARWATER COUNTY ASSESSOR
P.O. BOX 626
DROFINO, IDAHO 83544

BOWMAN, JAMES L & BARBARA G
348 BERG RD
ONTARIO NY 14519

SEC 23 36N 2E
S 1/2 SWNW, W 1/2 NESW, NWSW
LESS TAX #1396

EACH YEAR THIS DEPARTMENT GATHERS AND CONFIRMS DATA TO BE USED IN VARIOUS STUDIES TO ENSURE EQUALITY IN COUNTYWIDE PROPERTY TAXATION. EQUALITY LEVELS CAN BE ACHIEVED WITH YOUR COOPERATION AND ASSISTANCE.

THE PRIMARY SOURCE OF SALES INFORMATION IS THE VOLUNTARY RECORDS SUPPLIED BY YOU, THE BUYER OR SELLER. THE MORE RESPONSE WE HAVE FROM YOU, THE BETTER WE CAN ACHIEVE THESE EQUALITY LEVELS FOR COUNTY PROPERTY VALUES.

YOUR COOPERATION IN FURNISHING THE NEEDED INFORMATION ON THE ENCLOSED QUESTIONNAIRE WILL BE APPRECIATED.

A STAMPED, SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE.

PLEASE NOTE THAT YOU MAY ALSO MAKE APPLICATION FOR THE HOMEOWNER EXEMPTION (REDUCES TAXABLE VALUE ON THE HOME BY 1/2 OR 50,000 WHICHEVER IS LESS) BY COMING IN TO THE ASSESSOR'S OFFICE FOR AN APPLICATION. THIS MUST BE SIGNED ON OR BEFORE APRIL 15.

IF YOU PURCHASED A MOBILE HOME YOU NEED TO BRING THE TITLE INTO THE DMV OFFICE TO BE CHANGED INTO YOUR NAME, SO WE MAY UPDATE OUR RECORDS.

THANK YOU,

MELLISA STEWART
CLEARWATER COUNTY ASSESSOR

MS/JMK

ENCLOSURES

RP36N02E236600A
6/01/2005

INSTRUMENT #:199357 WD
TYPE TO LOCATION 3301
CAMA AREA #: 1

SALES VERIFICATION

SELLER PRAIRIE LAND & TIMBER CO
BUYER BOWMAN, JAMES L & BARBARA G
ADDRESS 348 BERG RD
ONTARIO NY 14519

LEGAL DESCRIPTION
SEC 23 36N 2E
SESW & S 60° OF E1/2NESW

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. TOTAL SALE PRICE \$ _____ DATE OF SALE: Month _____ Year _____

3. IF PERSONAL PROPERTY (FURNITURE, FIXTURES, ETC.) WAS INCLUDED IN TOTAL PRICE, PLEASE ESTIMATE THE VALUE AND LIST THE ITEMS INCLUDED.

Value \$ _____ Items _____

4. THIS SALE WAS: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. THE TYPE OF PROPERTY WAS: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

WAS THIS BARE LAND? ☐ Yes ☐ No Is there a developed homesite ☐ yes ☐ no

CHECK UTILITIES ON PROPERTY: ☐ water ☐ power ☐ sewer

REMARKS AND CONDITIONS OF THE SALE _____

SIGNATURE _____ DATE _____

WORK PHONE _____ HOME PHONE _____

RP36N02E236001A
6/01/2005

INSTRUMENT #:199358 WD
TYPE RU LOCATION 3301
CAMA AREA #: 1

SALES VERIFICATION

SELLER KETCHAM, VIRGINIA 1/2 INT
BUYER BOWMAN, JAMES L & BARBARA G
ADDRESS 348 BERG RD
ONTARIO NY 014519

LEGAL DESCRIPTION
SEC 23 36N 2E (NWSW)
TAX #1396

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. TOTAL SALE PRICE \$ _____ DATE OF SALE: Month _____ Year _____

3. IF PERSONAL PROPERTY (FURNITURE, FIXTURES, ETC.) WAS INCLUDED IN TOTAL PRICE, PLEASE ESTIMATE THE VALUE AND LIST THE ITEMS INCLUDED.

Value \$ _____ Items _____

4. THIS SALE WAS: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. THE TYPE OF PROPERTY WAS: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

WAS THIS BARE LAND? ☐ Yes ☐ No Is there a developed homesite ☐ yes ☐ no

CHECK UTILITIES ON PROPERTY: ☐ water ☐ power ☐ sewer

REMARKS AND CONDITIONS OF THE SALE _____

SIGNATURE _____ DATE _____

WORK PHONE _____ HOME PHONE _____

RP36N02E233601A
6/01/2005

INSTRUMENT #:199358 WD
TYPE RU LOCATION 3301
CAMA AREA #: 1

SALES VERIFICATION

SELLER KETCHAM, VIRGINIA 1/2 INT
BUYER BOWMAN, JAMES L & BARBARA G
ADDRESS 348 BERG RD
ONTARIO NY 14519

LEGAL DESCRIPTION
SEC 23 36N 2E
S 1/2 SWNW, W 1/2 NESW, NWSW
LESS TAX #1396

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. TOTAL SALE PRICE \$ _____ DATE OF SALE: Month _____ Year _____

3. IF PERSONAL PROPERTY (FURNITURE, FIXTURES, ETC.) WAS INCLUDED IN TOTAL PRICE, PLEASE ESTIMATE THE VALUE AND LIST THE ITEMS INCLUDED.

Value \$ _____ Items _____

4. THIS SALE WAS: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. THE TYPE OF PROPERTY WAS: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

WAS THIS BARE LAND? ☐ Yes ☐ No Is there a developed homesite ☐ yes ☐ no

CHECK UTILITIES ON PROPERTY: ☐ water ☐ power ☐ sewer

REMARKS AND CONDITIONS OF THE SALE _____

SIGNATURE _____ DATE _____

WORK PHONE _____ HOME PHONE _____

RP36N02E236C02A
6/01/2005

INSTRUMENT #:199358 WD
TYPE RU LOCATION 3301
CAMA AREA #: 1

SALES VERIFICATION

SELLER KETCHAM, VIRGINIA 1/2 INT
BUYER BOWMAN, JAMES L & BARBARA G
ADDRESS 348 BERG RD
ONTARIO NY 14519

LEGAL DESCRIPTION
SEC 23 36N 2E
SWSW

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. TOTAL SALE PRICE \$ _____ DATE OF SALE: Month _____ Year _____

3. IF PERSONAL PROPERTY (FURNITURE, FIXTURES, ETC.) WAS INCLUDED IN TOTAL PRICE, PLEASE ESTIMATE THE VALUE AND LIST THE ITEMS INCLUDED.

Value \$ _____ Items _____

4. THIS SALE WAS: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. THE TYPE OF PROPERTY WAS: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

WAS THIS BARE LAND? ☐ Yes ☐ No Is there a developed homesite ☐ yes ☐ no

CHECK UTILITIES ON PROPERTY: ☐ water ☐ power ☐ sewer

REMARKS AND CONDITIONS OF THE SALE _____

SIGNATURE _____ DATE _____

WORK PHONE _____ HOME PHONE _____

JAMES L. BOWMAN
BARBARA G. BOWMAN
1364 BRICK CHURCH RD.
ONTARIO, NY 14519-9739

375

Date 12/12/05

29-7/213
977

Pay to the
Order of IDWR

\$ 25⁰⁰/₁₀₀

Twenty-five dollars

Dollars

 Security features
are enclosed.
Details on back.

McDonald
Financial Group


KeyBank National Association
Rochester, New York 14623
1-877-MFG2YOU

For _____

Barbara Bowman

MP