

CLAIM NO. 29 - 22245

IDWR SUPPLEMENTAL CLAIM VERIFICATION REPORT  
FOR DOCUMENTING CHANGES TO CVR

1. ☒ NAME - No change  
☐ NEW OWNER: \_\_\_\_\_  
 (SUPPORTING DOCUMENTATION REQUIRED - ATTACH COPY)  
☒ ADDRESS - No change  
☐ NEW ADDRESS: \_\_\_\_\_

2. ☒ SOURCE - No change  
☐ CHANGE - New source and/or tributary is: \_\_\_\_\_

3. ☐ QUANTITY - No change  
☐ CHANGE - New amounts: \_\_\_\_\_ CFS and/or \_\_\_\_\_ AFY

4. ☐ PRIORITY DATE - No change  
☐ CHANGE- Priority date to: \_\_\_\_\_  
 (EVIDENCE OF PRIORITY REQUIRED - ATTACH COPY)

5. ☐ POINT OF DIVERSION - No Change  
☒ CHANGE - New point of diversion is: T \_\_\_\_\_, R \_\_\_\_\_, S \_\_\_\_\_, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4  
*check 6PS*  
*When 1st =* \_\_\_\_\_ T \_\_\_\_\_, R \_\_\_\_\_, S \_\_\_\_\_, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4  
 (LOCATION OF POD(S) SHOULD BE SHOWN ON MAP)

6. ☐ PURPOSE AND PERIOD OF USE - No change  
☐ CHANGE New purpose of use \_\_\_\_\_ New period of use \_\_\_\_\_ New amount(s) \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ cfs \_\_\_\_\_ af  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ cfs \_\_\_\_\_ af  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ cfs \_\_\_\_\_ af

7. ☒ PLACE OF USE - No change  
☐ CHANGE New place(s) of use: (LOCATION(S) AND ACRES SHOULD ALSO BE SHOWN ON MAP)

| T | R | S | N E |    |    |    | N W |    |    |    | S W |    |    |    | S E |    |    |    | TOTAL |
|---|---|---|-----|----|----|----|-----|----|----|----|-----|----|----|----|-----|----|----|----|-------|
|   |   |   | NE  | NW | SW | SE | NE  | NW | SW | SE | NE  | NW | SW | SE | NE  | NW | SW | SE |       |
|   |   |   |     |    |    |    |     |    |    |    |     |    |    |    |     |    |    |    |       |
|   |   |   |     |    |    |    |     |    |    |    |     |    |    |    |     |    |    |    |       |
|   |   |   |     |    |    |    |     |    |    |    |     |    |    |    |     |    |    |    |       |
|   |   |   |     |    |    |    |     |    |    |    |     |    |    |    |     |    |    |    |       |

REMARKS \_\_\_\_\_

CONDITIONS \_\_\_\_\_

Reviewer \_\_\_\_\_ Date \_\_\_\_\_