Claim No.: 29-2524

Summary Data Entry Form

Remarks and Conditions (Include Type, Category and Code if applicable):

C18

3/13/03 [illegible]

Split or Combined Right Analysis:

No

Attached Field Notes or Other Documents:

See attached

Claim No.: Reviewer CB Date 2/28/03

Notes

Claim matches the license.
Recommending as claimed.

Only change is an ownership change. The property is owned by Alan + Ada Smith.
Leased and operated by W.C. Hatch.

214 day 1.9835 * 2.84 = 1205.

IDWR Field Exam Form 04/03/2002

Contacts Data Entry Form

Owner Type	Full Name	Address	City	State	Zip	Phone
Current Owner	Alan Smith	2620 Killy Toponce Rd.				
Name connector: and ___, or X, and/or ___						
Current Owner	Ada K Smith		Bancroft,	ID	83217	
Current Owner						

Representing Attorney: _____ Phone Number: _____

Accompanied By: W.L. Hatch Phone Number: _____

Relationship to Claimant: lessee

Date of Field Exam: 10/15/02 Time: _____

Directions to Property (if different from above) and/or update owner information:

Smith's.
Purchased the property 11-24-1993

Reviewer: CB Date: 2/28/03

IDWR Field Exam Form 04/03/2002

Priority Date Data Entry Form

Claim Number: 29-2524

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: _____ Claimed Basis: _____

Recommended Priority Date: _____ Recommended Basis _____

+ **Use Claimed Priority Date and Basis as Recommended Priority Date and Basis**

Document the evidence submitted/reviewed for the priority date claimed, include your analysis of the evidence:

license

Reviewer: CB Date: 2/28/03

IDWR Field Exam Form 04/03/2002

Point of Diversion and Source Data Entry Form

Claim Number: 29.2524

Water Right Point of Diversion: T____, R____, Sec. ____, ____, ____, ____. County: ____

Source: ____ Tributary: ____

Claimed Point of Diversion: T____, R____, Sec. ____, ____, ____, ____. County: ____

Source: ____ Tributary: ____

Recommended Point of Diversion: T____, R____, Sec. ____, ____, ____, ____. County: ____

Source: GW Tributary: ____

X **Use Claimed POD and Source as Recommended POD and Source**

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source

GPS Coordinates: ____

GPS Coordinates: ____

GPS Coordinates: ____

GPS Coordinates: ____

GPS Coordinates: ____

GPS Coordinates: ____

GPS Coordinates: ____

Other rights from this POD? ____

Document how the POD and Source were verified and/or Pump and Motor data:

GPS File ~~SMTHH~~ SMTHWL Site tag A0004502

Transfers Changing POD ____

Reviewer: CB Date: 2/28/03

IDWR Field Exam Form 04/03/2002

Place Of Use Data Entry Form

Claim Number: 29-2526/

X Use Claimed POU as Recommended POU

Claimed Place of Use

Twp	Rge	Sec	QQ	Q	County	Lot Num	Acres	Purpose of Use

Total Acres _____

Recommended Place of Use

Twp	Rge	Sec	QQ	Q	County	Lot Num	Acres	Purpose of Use

Total Acres _____

Document how the POU was verified:

License
1987/88 NAPP Photography

Transfers Changing POU _____

Reviewer: CB

Date: 2/28/03

IDWR Field Exam Form 04/03/2002

Purpose of Use Data Entry Form

Claim Number: 29-2524

X Use Claimed Purpose of Use as Recommended Purpose of Use

Water Right Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other

Claimed Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other

Recommended Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other

Document how the Purpose of Use was verified:

license
field exam

Transfers Changing Purpose of Use _____

Reviewer: CB

Date: 2/28/03

IDWR Field Exam Form 04/03/2002

Period of Use and Quantity Data Entry Form

Claim Number: 29-2524

X Use Claimed Period of Use and Quantity as Recommended Period of Use and Quantity

Water Right Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume

Overall Diversion Rate _____ Overall Diversion Volume _____

Claimed Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume

Overall Diversion Rate _____ Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume

Overall Diversion Rate _____ Overall Diversion Volume _____

Document how the Period of Use and/or Diversion Rate were verified:

license

Reviewer: CB Date: 2/28/03