

Contacts Data Entry Form

Owner Type	Full Name	Address	City	State	Zip	Phone
Current Owner	BENNETT KATH	KATH BENNETT				

Name connector: and ____, or ____, and/or ____

Current Owner: _____

Current Owner: _____

Representing Attorney: _____ Phone Number: _____

Accompanied By: _____ Phone Number: _____

Relationship to Claimant: _____

Date of Field Exam: _____ Time: _____

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

1/6/03 CAIRO Mrs. Saxton - I now c/o w/ cc Duro or
INSTANTMENT OF SALE. She will send Amended Claim
29-4321, c/o w/ Duro, Change Address.

Reviewer: _____

Date: _____

Priority Date Data Entry Form

Claim Number: 29-4322

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: April 14, 1913 Claimed Basis: STAT. 243 B11Recommended Priority Date: 4/14/1913 Recommended Basis: B11☐ 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:

PRIORITY DATE SUPPORTED BY AFFIDAVIT BY
BILL DAHLKE, 1995.11/14/02 Met Mrs. Saxon - Discussed 'ho for this claim
she INDICATES THEY ALSO FILED A CLAIM ON THEIR
PROPERTY - SEE 29-4321.ALSO spoke to Mark Bennett about this claim. He (Bennett)
SAYS THEY DON'T OWN THE PROPERTY.FB INDICATOR: POD, POL, Q, SOURCESMRS. SAXON
Ph: 897-5007

Reviewer: _____

Date: _____

Point of Diversion and Source Data Entry Form

Claim Number: _____

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

Source: _____ Tributary: _____

Claimed Point of Diversion: T 115, R 37E, Sec. 5,____, SW, NE, County: BRAINSource: SPRINGS Tributary: POCK CK

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

Source: _____ Tributary: _____

____ 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: _____						

Other rights from this POD? _____

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

PORT NEUF MARSH VALLEY CANAL SHARPS

Transfers Changing POD _____

Reviewer: _____

Date: _____

Place Of Use Data Entry Form

Claim Number: _____

_____ Use Claimed POU as Recommended POU

Claimed Place of Use

Twp	Rge	Sec	QQ	Q	County	Lot Num	Acres	Purpose of Use
11S	37E	5	SWNB		BANK		5	CRUI

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:

Transfers Changing POU _____

Reviewer: _____

Date: _____

Purpose of Use Data Entry Form

Claim Number: _____

_____ 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
<i>Panig</i>	_____	_____	<i>5⁰</i>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Recommended Purpose of Use

Water Use	Number of Homes	Number of Stock	Acre Limit	Number of Other
<i>Panig</i>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Document how the Purpose of Use was verified:

Transfers Changing Purpose of Use _____

Reviewer: _____

Date: _____

Period of Use and Quantity Data Entry Form

Claim Number: _____

☐ 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
<i>Pring</i>	<i>4/1</i>	<i>11/01</i>	<i>0.10</i>	

Overall Diversion Rate _____ Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
<i>Pring</i>	<i>4/1</i>	<i>10/31</i>		
		<i>DEPT. STD.</i>		

Overall Diversion Rate _____ Overall Diversion Volume _____

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

Reviewer: _____

Date: _____