

Contacts Data Entry Form

Owner Type	Full Name	Address	City	State	Zip	Phone
Current Owner	Wm EGAN					897-5521
Name connector: and ☐ , or ☒ , and/or ☐						
Current Owner	KATHLEEN M.					
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:

DO D ADDRESS AND ANSWER PLOU.

Reviewer: _____

Date: _____

Priority Date Data Entry Form

Claim Number: 29-4463B

Water Right Priority Date: _____ Water Right Basis: _____

Claimed Priority Date: 01/01/1894 Claimed Basis: BURecommended Priority Date: " Recommended Basis: BUSee Docs Attached☐ 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:

FR RWD:POU, SERVICE TO LOT 2 (NWNE), AC
POD, system9/26/02 FR VISITED POD & POU. Claims someone ELSE'S LAND @ NWNE.DOES NOT CLAIM TRIANGLED PIECE ON SO SIDE AS PART OF SWNW & SBNW Sec.9/30/02 DISCUSSED ABOVE LAND w/ WM LEAN- We'll AMEND claim to FIT
ACTUAL Property owned.MEASURES BY INTERPID @ 17.24 cfs. Claims
1.67 on BOAC

Reviewer: _____

Date: _____

Point of Diversion and Source Data Entry Form

Claim Number: _____

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

Source: _____ Tributary: 7SWClaimed Point of Diversion: T 11S, R 36E, Sec. 1, NE/NW NW County: BANK

Source: _____ Tributary: _____

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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Other rights from this POD? _____

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

POD moved from AFFIDATE LOCATION => REQ: Is there only 1 POD AS CLAIMED? If's
WHERE?How is lot 2 (NW/NE) served from a POD
ON North side of CR in NW/NE Sec. 1? It's Not.9/30/02 Mr. Egan also points out that he gets water from a diversion
in Fuhrman's Run on Marsh Cr.

Transfers Changing POD _____

Reviewer: _____

Date: _____

Actually Fuhrman's Runoff
OR Tailwater

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	36E	1	NNNW		DANN	4	29	IRMS
			NENW			3	38	"
			NWNE			2	13	"

Total Acres 80

Recommended Place of Use

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

Total Acres _____

Document how the POU was verified:

FE-POU PLACES OF USE CLAIMED FITS AFFIDAVIT
FOR LOTS 3 & 4 (NENW + NWNE). LOT 2 DOES NOT
FIT WHEN COMPARED w/ POD AND AFFIDAVIT.

Q: IS THERE ONLY ONE POD? 1/63 LOCATION: BY FENCE
INTERSECTION w/ Ch. lateral E/W. HOWEVER, I DO NOT
THINK FENCE LINE ALIGN w/ QQ LINES.

Transfers Changing POU _____

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
irrig	3/15	11/15	1.67	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____ Overall Diversion Volume _____

Recommended Period of Use and Diversion Rate

Water Use	Start	End	Rate	Volume
irrig	4/1	10/31	1.60	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Overall Diversion Rate _____ Overall Diversion Volume _____

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

REDUCE CLAIMED Q TO 30 CFS/Ac FOR 42-270 IC ²⁰²

Ac x .02 = cfs

Reviewer: _____

Date: _____