

Contacts Data Entry Form

Claim Number: 21-10921

Owner Type	Full Name	Address	City	State	Zip
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Current Owner: _____ Phone No.: _____

Current Owner: _____ Phone No.: _____

Current Owner: _____ Phone No.: _____

Name connector: and _____, or _____, and/or _____.

Representing Attorney: _____ Phone No.: _____

Accompanied By: _____ Phone No.: _____

Relationship to Claimant: _____ Date of Field Exam: _____

Discussion of right origin and split history. Questions and problems.

No. FREMONT CITY CEM. #1
40 LILA MARTINDALE
Box 206
ASTORIA, ID. 83420

Reviewer: SM Date: 1-14-05

Water Right No(s). 21-10921

170.0 - G.W.
G.P.S. - 063, 705495, 333439
Photos 100-351
(21-10921 POD)
(21-10921 POU)

GPS DATA:

Tag # _____ Location: _____

Diversion Data:

Source: G.W. Trib to: -

MOTOR

Make: _____ Model: _____ Hp: _____

SN: _____

PUMP

Make: _____ Model: _____ Disch: _____

SN: _____

NOTES:

ASSUMED WELL IS IN WELL HOUSE

Field Exam Date: _____ Agent: _____

Point of Diversion and Source Data Entry Form

Claim Number: 21-10921Water Right Point(s) of diversion and Source.Water Right Point of Diversion: T 9N, R 43E, Sec. 30, SW, SW, SW, County: FREMONTSource: G.W. Tributary to: —Water Right Point of Diversion: T —, R —, Sec. —, —, —, —, County: —Source: — Tributary to: —Claimed Point(s) of Diversion and Source.

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to
9N	43E	30		SW SW SW	FREMONT	G.W.	—

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Recommended Point(s) of Diversion and Source.

Twp	Rge	Sec	Gov Lot	QQQ of QQ of Q	County	Source	Tributary to
9N	43E	30		SW SW SW	FREMONT	G.W.	—

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Other rights from this POD? NoTransfers Pending or approved: —Document how the POD and Source were verified:

P.O.D VERIFIED BY INSPECTION ON 1-14-05. Assume
WELL IS IN HOUSE ON CEMETARY

Reviewer: Sam Date: 1-14-05

Claim Number: 21-10921

[illegible]

Total acres 11

[illegible]

Total acres 11

Pending or approved Transfers: _____

Overlapping rights: _____

Document how the POU was verified:

P.O.U. VERIFIED BY INSPECTION ON 1-14-05

Reviewer: SKA Date: 1-14-05