

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION SECTION
CLAIM VERIFICATION FIELD EXAM SHEET
(Use with the ECVR)

CLAIM NO(s). 75-~~7294B~~ 7294B

1. ☒ No Change NAME IS SAME
☐ NEW OWNER: _____
☐ No Change ADDRESS
☒ NEW ADDRESS: 124 Quail RD Salmon ID 83467
2. ☐ No Change - DATE OF PRIORITY: Completed evidence submitted
☐ Incomplete - Claimant should be asked during the exam when was water first used and submit proof of date of priority.

Priority date, per claimant, is: _____
(If the priority date, based on your exam, seems questionable, explain below.)

3. ☒ No Change — SAME SOURCE
☐ Source is different than that claimed:
Source found: _____

4. ☒ No Change — POINT OF DIVERSION
☐ Point of diversion is different than the claim and/or new P/D's:
GPS Site Tag No.: A0014956 A0017420

Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____ 1/4 _____
Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____ 1/4 _____

5. ☒ No Change - DESCRIPTION OF DIVERTING WORKS
☐ Incomplete description, list below:

2 wells pump to storage tank

6. ☒ No Change - WATER USES
☐ Different uses, (list uses found):

Use _____ From _____ To _____ Amount _____ CFS _____ AFA
Use _____ From _____ To _____ Amount _____ CFS _____ AFA
Use _____ From _____ To _____ Amount _____ CFS _____ AFA

7. ☒ No Change - TOTAL VOLUME

☐ Incomplete on claim, the total is, Amount _____ CFS _____ AFA

☐ Changes found, the new total is, Amount _____ CFS _____ AFA

8. ☒ No Change - NON-IRRIGATION USES:

☐ Changes Exam found:

Domestic # of homes: _____ Stock # _____ List types: _____

Additional comments: _____

9. ☒ No Change — PLACE OF USE: (If changed, list below.)

Use: _____ Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____
Use: _____ Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____
Use: _____ Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____
Use: _____ Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____

Remarks: (Comments pertinent to field examination) ☐ See additional attachment

☐ SYSTEM DIAGRAM INCLUDED ☐ NA

☒ Shown on GIS Layout

☐ CK IF IN OFFICE EXAM

DATE EXAM CONDUCTED: 3-7-06

FIELD EXAMINER: Bob Foster
Print Name

Bob Foster
Signature