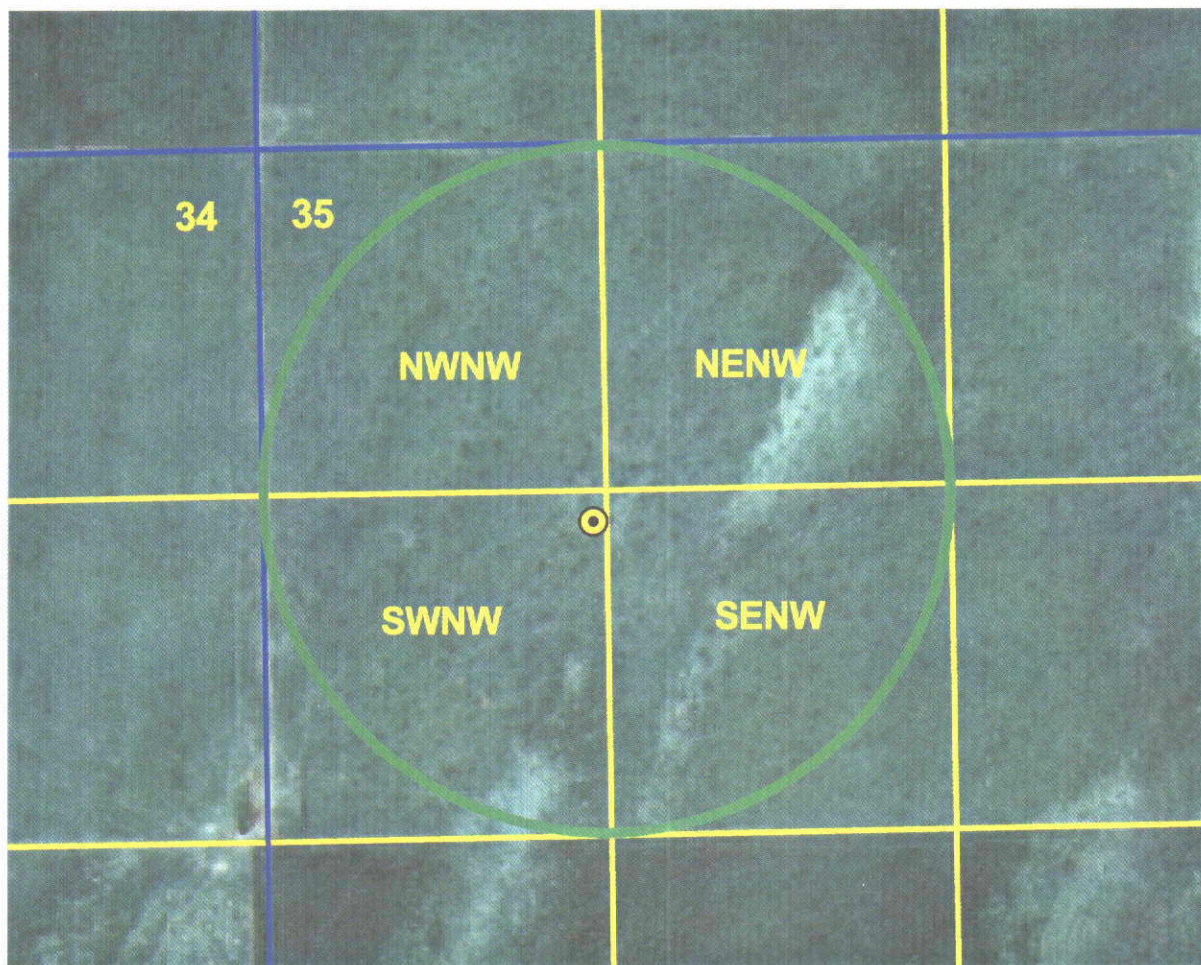


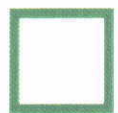
IDAHO DEPARTMENT OF WATER RESOURCES

BLAINE & CONNIE LARSEN
32-04001B

T10N, R34E, SEC. 35



1320 0 1320 Feet



PLACE OF USE



POINT OF DIVERSION

ACRES IRRIGATED- 125.8

GIS: PLACE OF USE
POINT OF DIVERSION
1987/1988 NAPP PHOTOS
PREPARED BY DAVE CARLSON



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

June 21, 2001

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

BLAINE & CONNIE LARSEN
LARSEN FARMS
PO BOX 188
HAMER ID 83425

RE: REQUEST TO CHANGE CONTACT REPRESENTATIVE

Dear Mr. and Mrs. Larsen:

The water rights listed on the enclosed page have been modified to show Steve Vadnais and Tina Bradley as the current representative.

If you have any questions feel free to contact this office at 525-7161.

Respectfully submitted,

Cheri Vandermeulen

Cheri Vandermeulen
Records Clerk

Enclosure (1)

*For a list of
claim #'s
please see
31-42.*

RECEIVED

JUN 15 2001

Department of Water Resources
Eastern Region

LARSEN FARMS

P.O. BOX 188, HAMER, ID 83425 Phone: 662-5770 Fax: 662-5773

June 13, 2001

Cheri Vandermeulen
Department of Water Resources
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718

Re: Change of Contact Representative

Dear Ms. Vandermeulen:

This letter is to let you know of the change we are making regarding our contact representative for Larsen Farms and the water rights. Please change our contact representatives from David Jensen and Jason Freckleton to Steve Vadnais and Tina Bradley. This will include all water rights pertaining to Blaine Larsen and Larsen Farms.

If you have any questions, please feel free to call me at 662-5501.

Thank you for your time.

Sincerely,



Blaine Larsen
President, Larsen Farms

A32-04001 B

2.52
2.55
1.01

10034E 35 NW

A 0005841

#204

ionic 923 gpm

pod: 105
pod: 179

July 30, 1999

**NOTICE OF ERROR
REPLY**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: September 10, 1999

Water right number: 32-04001B

CONNIE LARSEN
BLAINE L LARSEN
PO BOX 188
HAMER ID 83425

Daytime Telephone Number:

Evening Telephone Number:

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

X I AGREE with this proposed recommendation; no changes need to be made.

DATE: 9-8-99 SIGNATURE: Blaine Larsen
Please print your name: _____

DATE: 02/08/99
PAGE: 1

DIVERSION
VOLUME

440-30 AFA

440.30 AFA

Stage: STATUTORY CLAIM

CLARK County

Rate

WS

ISS

t Ac

•

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):
32-07226

- Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
- This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for irrigation of the lands above.
- The right holder shall accomplish the change authorized by this transfer within one (1) year of the date of this approval.
- Failure of the right holder to comply with the conditions of the transfer is cause for the Director to rescind approval of the transfer.
- Approval of this transfer does not preclude the opportunity for review of the validity of the water right(s) in the ongoing Snake River Basin Adjudication.

GEN The right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the amount of water diverted to the department.

App. Received:
Proof Due Date:
Exam Made Date:
Licensed Date:

Priority Date:
Proof Made Date:
Exam Sent to S.O

WR5809NP
No. 32-04001B

IDAHO DEPARTMENT OF WATER RESOURCES
WATER RIGHT PROFILE REPORT

DATE: 02/08/99
PAGE: 2

Misc: Water District Number: Field Exam Fee:

07:39:16
02/17/99

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

PAGE: 1
GENERAL INFORMATION
CLAIM NUMBER: A32-040018

LAST: ANDERSON
ADDRESS:
CITY: N
PHONE NUMBER: 208-000-0000

FIRST: JARVIS
STATE: ID ZIP: 0

OWNER CODE: 0

LAST: LARSEN
ADDRESS: P O BOX 188
CITY: HAMER
PHONE NUMBER: 208-662-5501

FIRST: BLAINE
STATE: ID ZIP: 83425

OWNER CODE: C

LAST: SIMMONS
ADDRESS: PO BOX 148
CITY: TETON CITY
PHONE NUMBER: 208-458-4424

FIRST: GARNER
STATE: ID ZIP: 83451

OWNER CODE: 0

LAST: FARM CREDIT BANK OF SPOKANE
ADDRESS: C/O FARM CREDIT SERVICES
PO BOX 51598
CITY: IDAHO FALLS
PHONE NUMBER: 208-523-1066

FIRST:
STATE: ID ZIP: 83405

OWNER CODE: 0

FIELD EXAM REQUIRED?

DATABASE Y
FIELD EXAMINER Y() N()

VERIFICATION REQUIRED DUE TO REMARKS?

CLAIM REMARKS: GEN The right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the amount of water diverted to the department.

CONTACT PERSON: _____

PHONE NUMBER: () - -

DATE OF FIELD EXAM: 3/9/19

APPOINTMENT MADE: Y() N()

TIME: : A() P()

ACCOMPANIED BY: _____

PHONE NUMBER: () - -

RELATIONSHIP TO CLAIMANT: _____

DIRECTIONS TO PROPERTY / NOTES:

Office Review after transfer # 4931

Field Examined another POI → see 32-04001

WELL LOG AND REPORT OF THE STATE RECLAMATION ENGINEER OF IDAHO

Permit No. _____ Well No. _____ County Jefferson

Owner Burt Bybee

Address Idaho Falls, Idaho

Driller R. P. Cope

Address 927 Poulsen Idaho Falls, Idaho

Well location NW 1/4 NW 1/4 Sec. 17 T. 8N N. 3 R. 33 E. W

Size of drilled hole 22 inches

Total depth of well 400 ft.

Give depth to standing water from the ground 230 ft. Water temp. _____ Fahr.

On "Pumping Test" delivery was _____ g.p.m. or _____ c.f.s. Drawdown was _____ feet.

Size of pump and motor used to make test _____

Length of time of test _____ hours _____ minutes.

If flowing well, give flow _____ c.f.s. or _____ g.p.m. and of shut off pressure _____

If flowing well, described control works _____

(TYPE AND SIZE OF VALVE, ETC.)

Water will be used for Irrigation Weight of casing per lineal foot _____

Thickness of casing in wall Casing material Steel

(STEEL, CONCRETE, WOOD, ETC.)

Diameter, length and location of casing 50 ft. of 22 inch
(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER;
CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.

Number and size of perforations _____ located _____ feet to _____ feet from ground

Date of commencement of well _____ Date of completion of well February 1963

8N-33E-17

[illegible]

This well was drilled under my supervision and the above information is true and correct to the best of my knowledge and belief.

By Thos. Cape

License No. 28

A. AJ CLAIM: # A32-04001B	PRIORITY DATE: 02-01-1963	STAGE: J
B. WR RECORD: # 32-04001B	PRIORITY DATE: 02-01-1963	STAGE: S
C. CAN THE PRIORITY DATE CLAIMED BE CONFIRMED BY A DECREE OR LICENSE?		Y() N(☒)
D. HAS THERE BEEN A LATER COURT DECREE OF THE WATER RIGHT(S) FROM THIS WATER SOURCE?		Y() N(☒)
E. IS THERE ANY INDICATION THAT THERE HAS BEEN A FIVE YEAR PERIOD OF CONTINUOUS NONUSE? (IF YES, DESCRIBE BELOW)		Y() N(☒)
F. IF THIS CLAIM IS BASED ON A PERMIT, WHERE IS THE PERMIT IN THE LICENSING PROCESS?		
PROOF OF BENEFICIAL USE SUBMITTED		N/A() Y() N()
FIELD EXAM COMPLETED		N/A() Y() N()
FIELD EXAM SENT TO STATE OFFICE		N/A() Y() N()
LICENSE ISSUED		N/A() Y() N()

* IF THE PERMIT WILL NOT BE LICENSED PRIOR TO THE DIRECTOR'S REPORT,
USE CONDITION CODE A01 AND RECOMMEND AS PERMITTED.

G. IF THIS CLAIM IS BASED ON BENEFICIAL USE, IS ADDITIONAL EVIDENCE
OF THE PRIORITY DATE REQUIRED?

N/A() Y(☒) N()

* FOR CLAIMS BASED ON BENEFICIAL USE, DESCRIBE THE EVIDENCE OF PRIORITY SUBMITTED,
INCLUDING THE ANALYSIS OF THE EVIDENCE.

H. IS THE STAGE OF THE CLAIM CODED CORRECTLY?

Y(☒) N()

NOTES:

Evidence ok see 32-04001

well by / transfer move PDD/POU split

RECOMMENDED PRIORITY DATE:

2-01-1963

REVIEWED BY

DC

DATE

3/9/98

A. AJ CLAIM POINT OF DIVERSION AND SOURCE:

RIGHT TWP. RGE. SEC. 1/4 1/4 1/4 1/4 LOT FLAG POD COUNTY DIVERSION NAME DIVERSION NUMBER

A32-04001B 10N 34E 35 SW NW 204

OTHER AJ CLAIMS WITH SAME AJ POD

A PREFIX R PREFIX NONE

WR RECORDS IN SAME 40 ACRE TRACT

32-07226

SOURCE: GROUNDWATER

TRIB:

B. WR POINT OF DIVERSION AND SOURCE:

RIGHT TWP. RGE. SEC. 1/4 1/4 1/4 1/4 LOT FLAG POD COUNTY DIVERSION NAME DIVERSION NUMBER

32-04001B 10N 34E 35 SW NW CLARK PIVOT 204

OTHER WR RECORDS WITH SAME WR POD

AJ CLAIMS IN SAME 40 ACRE TRACT
A PREFIX R PREFIX

32-07226

NONE NONE

SOURCE: GROUNDWATER

TRIB:

C. IS THE CLAIMED POD WITHIN THE SAME 40 ACRE TRACT THAT IS DESCRIBED IN THE WATER RIGHT FILE? N/A() Y() N()

* IF NO, AND IF THE CHANGE IS VERIFIED AS AN ACCOMPLISHED CHANGE IN POD, DESCRIBE THE INJURY ANALYSIS PERFORMED AND ENTER FLAG "C" WITH THE APPROPRIATE EXPLANATORY CODE.

D. CAN THE CLAIMED POD BE VERIFIED USING THE WATER RIGHT FILE OR GPS DATA?

E. SHOULD THE CLAIMED POD BE VERIFIED BY FIELD EXAM?

F. IS THE CLAIMED SOURCE THE SAME AS DESCRIBED IN THE WATER RIGHT FILE?

* IF NO, AND IF THE CHANGE IS VERIFIED AS AN ACCOMPLISHED CHANGE IN SOURCE, DESCRIBE THE INJURY ANALYSIS PERFORMED AND ENTER FLAG "C" WITH THE APPROPRIATE EXPLANATORY CODE.

G. CAN THE CLAIMED SOURCE BE VERIFIED USING THE WATER RIGHT FILE?

H. SHOULD THE CLAIMED SOURCE BE VERIFIED BY FIELD EXAM?

I. HOW WAS THE POD AND SOURCE VERIFIED?

LICENSING FIELD EXAM (DATE OF FIELD EXAM)

AJ FIELD EXAM (DATE OF FIELD EXAM) NAME OF EXAMINER

OTHER (DESCRIBE IN NOTES BELOW)

Groundwater
Measurement
District
field Exam
1998
Bryce
GPS

NOTES:

RECOMMENDED POINT(S) OF DIVERSION AND SOURCE: CHECK HERE IF RECOMMENDED AS CLAIMED ()

[illegible]

SOURCE: GROUNDWATER

TRIB:

REVIEWED BY:

DATE:

3/9/99

SYSTEM DESCRIPTION: DESCRIBED BELOW (), SEE LICENSE FILE (), OR SEE ATTACHMENT ()

4005841

sonic meter 923 gpm

A. ROOT WATER RIGHT NUMBERS:		A32-04001B
		A32-04001C
		A32-04001D

B. POU LISTING											
TWP	RNG	SEC	1/4	1/4	LOT	NAME	AJ #/ACRES	WR #/ACRES	LANDSAT DATA	FIELD EXAM.	RECOMM. ACRES
10N	34E	35	NE	NW		LARSEN, BLAINE	A32-04001B / 31.4	32-04001B / 31.4			31.4
			NE	NW		BLAINE LARSEN FARMS INC		32-07226 / 40.0			
10N	34E	35	NW	NW		LARSEN, BLAINE	A32-04001B / 31.5	32-04001B / 31.5			31.5
			NW	NW		BLAINE LARSEN FARMS INC		32-07226 / 40.0			
10N	34E	35	SW	NW		LARSEN, BLAINE	A32-04001B / 31.5	32-04001B / 31.5			31.5
			SW	NW		BLAINE LARSEN FARMS INC		32-07226 / 40.0			
10N	34E	35	SE	NW		LARSEN, BLAINE	A32-04001B / 31.4	32-04001B / 31.4			31.4
			SE	NW		BLAINE LARSEN FARMS INC		32-07226 / 40.0			

ADDITIONAL POU FOUND

TOTAL ACRES	A32-04001B	125.80	125.80
-------------	------------	--------	--------

POU COUNTY: CLARK

C. IS WATER USAGE FOUND IN TRACTS OTHER THAN THOSE CLAIMED?

* IF YES, ARE THESE TRACTS LISTED ABOVE (), OR ARE THEY LISTED ON AN ATTACHED SHEET ()

Y() N()

LIST OF ALL RIGHTS WITH A SAME POU AND IRRIGATION USAGE

NO CLAIMS FOUND WITH SAME POU AND IRRIGATION USAGE

NO RIGHTS WITH SAME POU BUT NOT USED FOR IRRIGATION

D. ARE OTHER WATER RIGHTS USED FOR THE SAME PURPOSE?

* IF YES, COMPLETE OVERLAP REVIEW:

OTHER RIGHTS LISTED IN CLAIM:

NONE APP FOR PERMIT

Y() N()

E. IS THE CLAIMED POU THE SAME AS DESCRIBED IN THE WATER RIGHT FILE?

* IF NO, AND IF THE CHANGE IS VERIFIED AS AN ACCOMPLISHED CHANGE IN POU, DESCRIBE THE INJURY ANALYSIS PERFORMED AND ENTER FLAG "C" WITH THE APPROPRIATE EXPLANATORY CODE.

N/A() Y() N()

F. CAN THE CLAIMED POU BE VERIFIED USING THE WATER RIGHT FILE AND AVAILABLE AERIAL PHOTOS?

N/A() Y() N()

G. SHOULD THE CLAIMED POU BE VERIFIED BY FIELD EXAM?

Y() N()

H. IS THERE ANY INDICATION THAT THERE HAS BEEN A FIVE YEAR PERIOD OF CONTINUOUS NONUSE OF THIS RIGHT, OR ANY PORTION OF THIS RIGHT?

Y() N()

AFTER TRANSFER

CHECK DOCUMENTS USED TO VERIFY POB: () ORTHOPHOTOQUAD, IDWR NO. _____; () TOPOGRAPHIC QUAD, IDWR NO. _____;
() NAPP, IDWR NO. _____; () ASCS PHOTO; () OTHER _____

NOTES: _____

AFTER TRANSFER

GIS

RECOMMENDATIONS:

TOTAL ACRES: 125.8 N/A()

REVIEWED BY: DE DATE: 3/9/99

A. AJ CLAIMED USES:

PURPOSE OF USE	PERIOD OF USE (MONTH/DAY)	DIV. RATE FOR EACH USE	DIV. VOL. FOR EACH USE
A32-04001B IRRIGATION	FROM 04-15 TO 10-15	2.520 CFS	440.30 AF/A
	TOTAL DIVERSION RATE/VOLUME	2.520 CFS	440.30 AF/A
B. WR RECORDED USES:			
	PERIOD OF USE (MONTH/DAY)	DIV. RATE FOR EACH USE	DIV. VOL. FOR EACH USE
32-04001B IRRIGATION	FROM 04-15 TO 10-15	2.520 CFS	440.30 AF/A
	TOTAL DIVERSION RATE/VOLUME	2.520 CFS	440.30 AF/A

C. DOES THE CLAIMED PURPOSE OF USE CORRECTLY DESCRIBE THE WATER USE?

D. IS THE CLAIMED PURPOSE OF USE THE SAME AS DESCRIBED IN THE WATER RIGHT FILE?

* IF NO, AND IF THE ACTUAL WATER USE IS VERIFIED AS AN ACCOMPLISHED CHANGE IN PURPOSE OF USE, DESCRIBE THE INJURY ANALYSIS PERFORMED AND ENTER FLAG "C" WITH THE APPROPRIATE EXPLANATORY CODE.

E. SHOULD THE CLAIMED PURPOSE OF USE BE VERIFIED BY FIELD EXAM?

F. DOES THE CLAIMED PERIOD OF USE CONFORM TO IDWR STANDARDS?

G. SHOULD THE PERIOD OF USE BE RECOMMENDED TO IDWR STANDARDS?

* IF THE RECOMMENDED PERIOD OF USE IS DIFFERENT THAN IDWR STANDARDS, EXPLAIN IN NOTES BELOW.

H. IS THE CLAIMED DIVERSION RATE FOR EACH USE THE SAME AS DESCRIBED IN THE WATER RIGHT FILE?

* IF NO, DESCRIBE IN NOTES BELOW HOW THE RECOMMENDED DIVERSION RATE FOR EACH USE WAS DETERMINED.

I. SHOULD THE CLAIMED DIVERSION RATE FOR EACH USE BE VERIFIED BY FIELD EXAM?

J. IS THE CLAIMED DIVERSION VOLUME FOR EACH USE THE SAME AS DESCRIBED IN THE WATER RIGHT FILE?

* IF NO, DESCRIBE IN NOTES BELOW HOW THE RECOMMENDED DIVERSION VOLUME FOR EACH USE WAS DETERMINED.

K. SHOULD THE CLAIMED DIVERSION VOLUME FOR EACH USE BE VERIFIED BY FIELD EXAM?

AFTER TRANSFER

NOTES:

AJ CLAIM TOTAL DIVERSION RATE: 2.520 CFS

WR ROOT RIGHT TOTAL DIVERSION RATE: 2.520 CFS

A. IS THE CLAIMED TOTAL DIVERSION RATE THE SAME AS DESCRIBED IN THE WATER RIGHT FILE?

B. CAN THE CLAIMED TOTAL DIVERSION RATE BE VERIFIED USING THE WATER RIGHT FILE?

* ALL CLAIMS BASED ON BENEFICIAL USE (INCLUDING POSTED NOTICES AND STATUTORY CLAIMS) REQUIRE A FLOW MEASUREMENT.

C. IS THERE ANY INDICATION THAT THERE HAS BEEN A FIVE YEAR PERIOD OF CONTINUOUS NONUSE OF THIS RIGHT, OR ANY PORTION OF THE DIVERSION RATE?

* IF AN AMOUNT SMALLER THAN THE ORIGINAL DIVERSION RATE IS CLAIMED AND A FIELD EXAM IS NOT REQUIRED, EXPLAIN IN NOTES.

D. SHOULD THE CLAIMED DIVERSION RATE BE VERIFIED BY FIELD EXAM?

E. MEASUREMENT METHOD Sonic FLOW MEASUREMENT

SEE ATTACHED CALCULATIONS.

F. RATE/VOLUME CALCULATIONS: (IRRIGATION)

1a. IRRIGATION RATE
ACRES 125.8 x 0.02 CFS/ACRE = 2.520 CFS
(Taken from pou review)

IS A DIVERSION RATE PER ACRE GREATER THAN 0.02 CFS/ACRE CLAIMED? Y() N()

IF YES, IS AN ADDITIONAL WATER USE FORM FILED AND ATTACHED? Y() N()

2. IRRIGATION DIVERSION VOLUME

CLAIMED DIVERSION VOLUME = 440.30 AF/A
ACRES 125.8 x DIVERSION VOL. AF/A FOR AREA 3.5 =

TOTAL DIVERSION VOLUME 440.3 AF/A

3. IRRIGATION CONSUMPTIVE USE

CLAIMED CONSUMPTIVE USE = 440.30 AF/A
ACRES 125.8 x CONSUMPTIVE VOL. AF/A FOR AREA 3.5 =

TOTAL CONSUMPTIVE USE 440.3 AF/A

4. CALCULATIONS FOR USES OTHER THAN IRRIGATION: SEE BELOW () OR SEE ATTACHMENT ()

FIELD EXAM

N/A() Y() N()

N/A() Y() N()

Y() N()

Y() N()

2.520 CFS
OK

923 = 206
448.83

This is a
transfer
split

NOTES:

- WR RECORD CONDITIONS/REMARKS:
- 046 - Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
 - R30 - This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for irrigation of the lands above.
 - T07 - The right holder shall accomplish the change authorized by this transfer within one (1) year of the date of this approval.
 - T08 - Failure of the right holder to comply with the conditions of this transfer is cause for the Director to rescind approval of the transfer.
 - T09 - Approval of this transfer does not preclude the opportunity for

-
- review of the validity of the water right(s) in the ongoing
 - Snake River Basin Adjudication.

RECOMMENDATIONS: CHECK HERE IF RECOMMENDED AS CLAIMED ()

REC. PURPOSE OF USE	REC. PERIOD FROM TO	REC. DIV RATE CFS	REC. DIV VOL. AF/A	REC. CONS. USE
IRRIGATION	04-15 10-15	DATABASE EXAMINER 2.520	DATABASE EXAMINER 440.30	DATABASE EXAMINER 0.0
TOTAL FOR THIS RIGHT		2.520	440.30	0.0

NON-IRRIGATION USES CLAIMED:

NON-IRRIGATION USES RECOMMENDED: CHECK HERE IF RECOMMENDED AS CLAIMED ()

REVIEWED BY: DE

DATE: 3/9/99

FLAG:

STANDARD CONDITIONS (CODE):

STANDARD REMARKS (CODE):

EXPLANATORY CONDITIONS (CODE):

EXPLANATORY REMARKS (CODE):

A. CHECK ONLY THE FOLLOWING THAT APPLY:

OWNERSHIP	ACCEPTED	NEEDS
FORFEIT/ABANDON	AS CLAIMED	REVIEW
ADDITIONAL DIV. AMOUNT	()	()
	()	()
	()	()

B. SPLIT WATER RIGHT REVIEW

ROOT WATER RIGHT NUMBER: 32-04001

DATABASE
6.190

EXAMINER

CFS

TOTAL DIVERSION RATE OF WR SPLITS

SPLITS:

OLD RIGHT NUMBERS	CURRENT CLAIM NUMBERS	DIVERSION RATE	CURRENT "R" CLAIM NUM.	"R" DIV. RATE	WR RIGHT NUMBERS	DIVERSION RATE
-	A32-04001B	2.520	-	-	32-04001A	0.110
-	A32-04001C	2.550	-	-	32-04001B	2.520
-	A32-04001D	1.010	-	-	32-04001C	2.550
-	-	-	-	-	32-04001D	1.010
TOTAL CFS		6.080				6.190

DIVERSION RATE REVIEW

DO THE SUM CFS RATE OF THE SPLITS EQUAL THE ROOT RIGHT CFS RATE? (Y/N)
IF NO, IS THE WRITTEN REVIEW DESCRIBED BELOW () OR SEE ATTACHMENT ()?DATABASE
NFIELD
EXAMINER

Y() N()

NOTES:

OK add d/s claim

AUTHENTICATION:

SIGNATURE:

DATE:

NAME OF FIELD EXAMINER:

TITLE:

DAVE CARLSON *3/9/99*
DAVE CARLSON *WA*

MAPS AND AERIAL PHOTOGRAPHS USED TO REVIEW THIS NOTICE OF CLAIM TO A WATER RIGHT

TYPE OF MAP OR PHOTOGRAPH (CHECK IF USED)	IF USED, SUPPLY APPROPRIATE DATE AND OTHER INFORMATION	COPY INCLUDED IN FILE?
☐ ORTHOPHOTOQUAD	DATE OF PHOTO _____ IDWR ID NO. _____	Y() N()
☐ TOPOGRAPHIC	DATE FIELD CHECKED _____ IDWR ID NO. _____	Y() N()
☐ NAPP	DATE OF PHOTO _____ IDWR ID NO. _____	Y() N()
☐ ASCS AERIAL PHOTO	DATE OF PHOTO _____	Y() N()
☐ ASCS COLOR SLIDE	DATE OF PHOTO _____	Y() N()
☐ BLM OR USFS AERIAL PHOTO	DATE OF PHOTO _____	Y() N()
☐ TOWNSHIP SURVEY (GOVERNMENT PLAT)	DATE OF SURVEY _____	Y() N()
☐ SCS SOIL SURVEY MAP	DATE ISSUED _____	Y() N()
☐ SUBDIVISION PLAT MAP	DATE OF MAP _____	Y() N()
☐ OTHER _____	DATE _____	Y() N()
☐ OTHER _____	DATE _____	Y() N()
☐ OTHER _____	DATE _____	Y() N()

LIST OF ATTACHMENTS (CHECK IF ATTACHED) IF ATTACHED, SUPPLY APPROPRIATE INFORMATION PAGES

	NO. OF PAGES	NOTES
☐ LICENSING FIELD EXAM	_____	DATE OF FIELD EXAM _____
☐ WATER RIGHT LICENSE	_____	DATE LICENSE SIGNED _____
☐ IDWR APPROVED TRANSFER	_____	DATE TRANSFER APPROVED _____
☐ SYSTEM DESCRIPTION	_____	DATE DRAWN _____
☐ PHOTOGRAPHS	_____	DATE(S) PHOTOS TAKEN _____
☐ SPLIT RIGHT REVIEW	_____	DATE REVIEW COMPLETED _____
☐ HUBBLE ANALYSIS	_____	DATE ANALYSIS COMPLETED _____
☐ CONVEYANCE LOSS ANALYSIS	_____	DATE ANALYSIS COMPLETED _____
☐ FLOW MEASUREMENT CALCULATIONS	_____	DATE SYSTEM MEASURED _____
☒ OTHER <u>GIS</u>	_____	DATE _____
☐ OTHER _____	_____	DATE _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

07:39:16
02/17/99

PAGE: 18
QUICKLOOK INFORMATION

18
CLAIM NUMBER: A32-04001B

WR ELEMENT	DATA DISCREPANCY Y/N	CORRESPONDENCE SENT/RECEIVED BY WHOM/DATE	FIELD EXAM BY WHOM/DATE	CHANGE CLAIM Y/N	ELEMENT DOCUMENTED WHOM/DATE	COMPLETED REVIEW WHOM/DATE	COMPLETED DATA ENTRY WHOM/DATE	VERIFIED DATE WHOM/DATE
PRIORITY DATE	Y		DC 3/69	No				
POINT OF DIV								
SOURCE								
PLACE OF USE	Y			No				
DIV. AMOUNT CFS/VOLUME								
CONSUMPTIVE USE	-							
PURPOSES OF USE								
PERIOD OF USE								
BASIS OF CLAIM	Y			No				
REMARKS	Y			yes				

BARCODE UPDATED
WHOM/DATE

Stage:						BENEFICIAL USE
CLARK County						
SE						
SE	SWSE	SESE	:			SUM
Ac	Lt	Ac	Lt	Ac	:	
TOTAL ACRES						
						125.8
						125.8

Conditions of Approval:

046 - Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.

R30 - This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.5 afa per acre for irrigation of the lands above.

T07 - The right holder shall accomplish the change authorized by this transfer within one (1) year of the date of this approval.

T08 - Failure of the right holder to comply with the conditions of this transfer is cause for the Director to rescind approval of the transfer.

T09 - Approval of this transfer does not preclude the opportunity for review of the validity of the water right(s) in the ongoing Snake River Basin Adjudication.

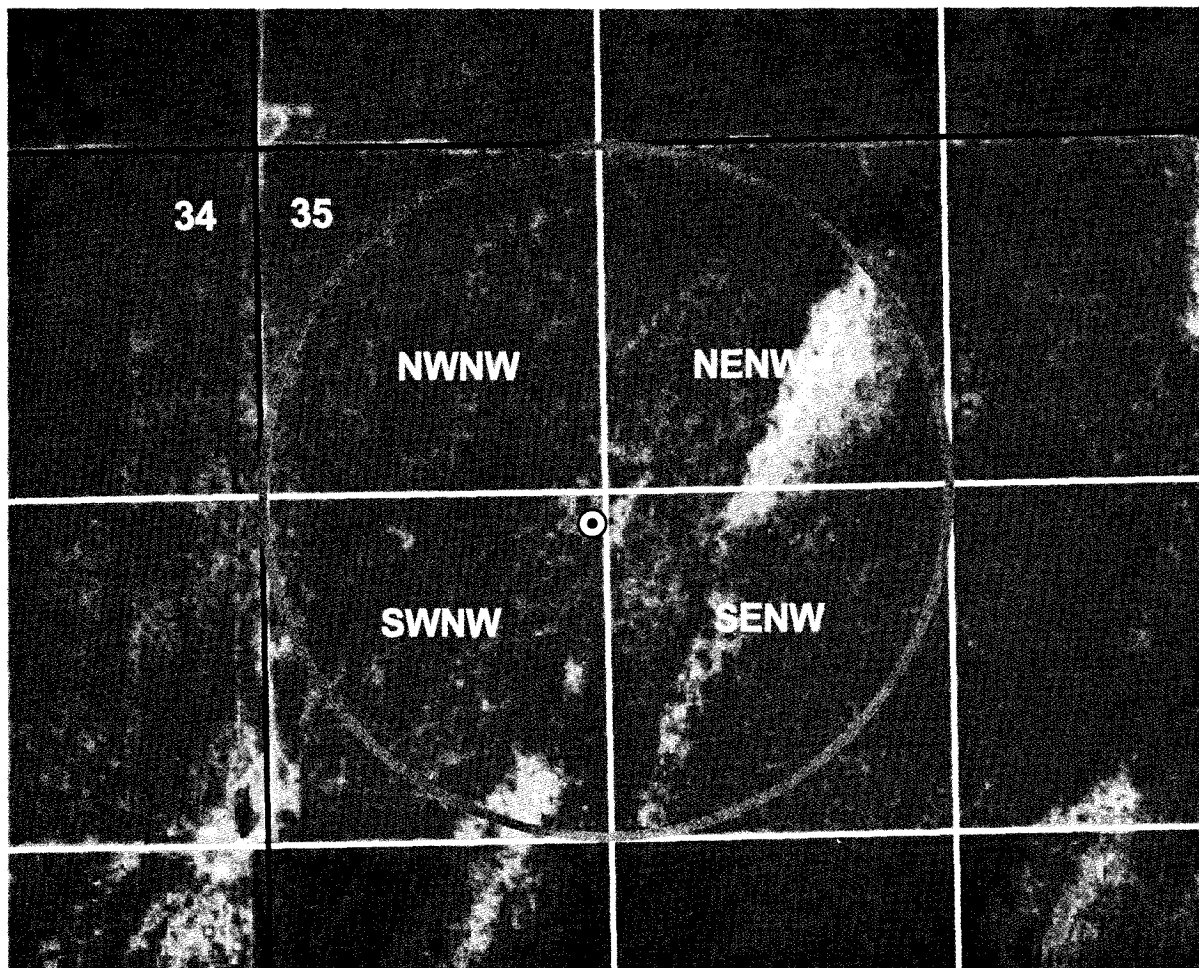
Remarks:	GEN	The right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the amount of water diverted to the department.	
Dates:	Exam Made Date:	Verified Date:	Objection Filed Date:
Misc:	Water District Number:	Field Inspection Flag:	Presumption Flag:

IDAHO DEPARTMENT OF WATER RESOURCES

BLAINE & CONNIE LARSEN

32-04001B

T10N, R34E, SEC. 35

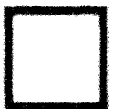


N

1320

0

1320 Feet



PLACE OF USE



POINT OF DIVERSION

GIS: PLACE OF USE

POINT OF DIVERSION

1987/1988 NAPP PHOTOS

PREPARED BY DAVE CARLSON

AJ0749NP
No. R32-04001B

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 04/06/99
PAGE: 1

OWNER CODE NAME & ADDRESS PRIORITY DATE WATER USE USE PERIOD FROM TO DIVERSION RATE DIVERSION VOLUME
C CONNIE LARSEN 02/01/1963 IRRIGATION 04-15 10-15 2.52 CFS 440.30 AFA
C BLAINE L LARSEN
PO BOX 188
HAWER ID 83425
(208) 662-5501
TOTAL DIVERSION: 2.52 CFS 440.30 AFA

Water Source: GROUNDWATER Tributary to: Stage: BENEFICIAL USE
Point(s) of Diversion: T10N R34E S35 SHNW CLARK County

Place of use Legal Description for: IRRIGATION
NE SW SE
NENE NWNE SWNE SENE : NENW NWNW SHNW SENW : NESW NWSW SHSW SESW : NESE NWSE SWSE SESE :
T R S : Lt Ac Lt Ac Lt Ac Lt Ac : Lt Ac Lt Ac Lt Ac Lt Ac : Lt Ac Lt Ac Lt Ac Lt Ac : SUM
10N 34E 35 : 31 31 31 31 : 31 31 31 31 : 31 31 31 31 : 125.8
TOTAL ACRES 125.8

POU County: CLARK

Dates: Exam Made Date: Verified Date: Objection Filed Date:
Misc: Water District Number: Field Inspection Flag:
Presumption Flag:

USE - 502

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: **A32-04001B**
Date Received: 2/16/1999
Receipt No: X777777
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: BLAINE LARSEN 208-662-5501
Address: P O BOX 188
HAMER ID 83425

2. Date of Priority: FEB 1, 1963

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
10N	34E	35	SW	NW			CLARK

5. Description of diverting works:
WELL/PUMP TO PIVOT

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/15	10/15	2.520		440.30

7. Total Quantity Appropriated is:
2.520 C.F.S. (and/or) 440.30 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
10N	34E	35	NE	NW		IRR	31.4
			NW	NW		IRR	31.5
			SW	NW		IRR	31.5
			SE	NW		IRR	31.4

10. Place of Use: Continued

Section Acres 125.8

Total Acres 125.8

11. Place of use in counties: CLARK

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:

14. Remarks:

The right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the amount of water diverted to the department.

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____

_____ Date: _____