

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

CLAIM NO(s). 75-271

1. ☒ No Change NAME IS SAME  
☐ NEW OWNER: \_\_\_\_\_  
☐ No Change ADDRESS  
☐ NEW ADDRESS: \_\_\_\_\_
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.: A0017406 file # 923 P00W1

|                |             |               |            |            |            |
|----------------|-------------|---------------|------------|------------|------------|
| Township _____ | Range _____ | Section _____ | <u>1/4</u> | <u>1/4</u> | <u>1/4</u> |
| Township _____ | Range _____ | Section _____ | <u>1/4</u> | <u>1/4</u> | <u>1/4</u> |

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

headgate in creek, ditch to place of use

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: 9-26-05

FIELD EXAMINER: Bob Foster

Print Name

Bob Foster

Signature