



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

April 23, 2010

WILLIAM G SLAVIN
BARBARA K SLAVIN
PO BOX 255
CARMEN ID 83462

RE: SRBA claim 75-14637

Dear Mr. and Mrs. Slavin:

I was asked to review your claim 75-74, which has been renumbered to 75-14637, because it was believed your POU was entered incorrectly on the claim form. I agree with this assessment. The error is a very common one where the quarter- and quarter-quarter-sections were transposed. For example, instead of claiming 13 acres in the SWNE where your other water rights are located, the claim requests 13 acres in the NESW.

From the map you included with your claim and your other water rights, I believe it was your intent to have the place of use for 75-14637 exactly overlap those other rights. I have taken the liberty of preparing a claim to show this. I have changed nothing else about your claim.

Please look over the attached amended claim closely, make any other changes you see necessary, sign the amended claim and return it to me in the enclosed postage-paid envelope. I will take care of the data entry and contact you if I have any further questions.

If you have any questions or concerns, please do not hesitate to contact me at (208) 287-4907.

Sincerely,

A handwritten signature in cursive script that reads "Monica Van Bussum". The signature is written in dark ink and is positioned above the printed name and title.

Monica Van Bussum
Sr. Water Resource Agent

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: 75-14637

Date Received:

Receipt No: C090587

Received By:

AMENDED CLAIM

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

1. Name of Claimant(s)

WILLIAM G SLAVIN Phone:(208)756-6309
PO BOX 255
CARMEN ID 83462

BARBARA K SLAVIN
PO BOX 255
CARMEN ID 83462

2. Date of Priority: 5/1/1896

3. Source: CARMEN CREEK Tributary to: SALMON RIVER

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
22N	22E	9	SW NW SW		LEMHI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From</u>	<u>To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
IRRIGATION	04/01	10/31	0.75	

7. Total Quantity Appropriated is: 0.75 C.F.S. and/or A.F.A

8. Non-irrigation uses:

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
22N	22E	5	SW NE		IRRIGATION	13
			SE NE		IRRIGATION	0.5
			NE SE		IRRIGATION	0.6
			NW SE		IRRIGATION	24
			SW SE		IRRIGATION	15

Section Acres 53.1

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
22N	22E	8	NW NE		IRRIGATION	16

Section Acres 16

10. Place of use in counties: LEMHI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description
IRRIGATION

P/D NOT GIVEN IN DECREE.

14. Basis of Claim: Decreed

15. 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

_____ of _____
Title Organization

That I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name