

**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 22, 2006

Water right number: 79-10437

PATRICK L MAREK
PO BOX 1299
RIGGINS ID 83549
Telephone Number: (208)628-3264

SHARI A MAREK
PO BOX 1299
RIGGINS ID 83549
Telephone Number: (208)628-3264

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:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 09/09/06 SIGNATURE: *Patrick Marek*

Please print your name: Patrick Marek

IDWR Regional Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, (208) 287-4800

*Please change mailing address too:
PO Box 1410
Phone # 208-628-4198*

*Address Changed
CS 9-12-06*

07/26/2006

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 79-10437

NAME AND ADDRESS: PATRICK L MAREK
PO BOX 1299
RIGGINS ID 83549

SHARI A MAREK
PO BOX 1299
RIGGINS ID 83549

SOURCE: SPRING

TRIBUTARY: RACE CREEK

QUANTITY: 0.040 CFS

The quantity of water under this right shall not exceed 13,000 gallons per day.

PRIORITY DATE: 06/01/1963

POINT OF DIVERSION:

T24N R01E S10 SENENW Within IDAHO County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	01/01 12/31	0.040 CFS
STOCKWATER	01/01 12/31	0.040 CFS

PLACE OF USE: STOCKWATER Within IDAHO County

T24N R01E S03 Lot 7 SESE

DOMESTIC Within IDAHO County

T24N R01E S03 Lot 7 SESE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

The quantity of water decreed for this water right is not a determination of historical beneficial use.

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Recommend Domestic only. No evidence of
priority and no evidence of irrigation

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: A79-10437
Date Received: 9/14/1990
Receipt No: C012681
Received By: Joe

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: PATRICK L. MAREK 208-628-3264
Address: P.O. BOX 1299
RIGGINS, ID 83549

AND/OR

Name: SHARI A. MAREK 208-628-3264
Address: P.O. BOX 1299
RIGGINS, ID 83549

2. Date of Priority: JUN 01, 1963

3. Source: SPRING Trib. to: RACE CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
24N	01E	10	SW	NW	NE		IDAHO

5. Description of diverting works:
COLLECTION BOX IN SPRING WITH 2" PIPE 5000' TO HOUSE AND IRR.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		
IRRIGATION	01/01	12/31	0.060		
STOCKWATER	01/01	12/31	0.040		

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

8. Total consumptive use is 4.0 Acre Feet Per Annum.

9. Non-irrigation uses:
D/ 1 HOUSE, S/ 4 HD HORSES AND 4 RANGE CATTLE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
24N	01E	3	SE	SE		IRR	2.0
			SE	SE		DOMEST	
			SE	SE		STOCK	

Section Acres 2.0

Total Acres 2.0

11. Place of use in counties: IDAHO

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

13. Other Water Rights Used:

A79-04127B

14. Remarks:

WATER IS TAKEN THROUGH PIPE ON A YEAR AROUND BASIS. THE USE FOR IRR. IS ALSO CONTINUOUS OR YEAR AROUND IN ORDER TO KEEP PIPE FROM FREEZING. DOM. AND STOCK WATER ARE YEAR AROUND THROUGH THE SAME PIPE LINE.

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): Shari G. Marek Date: 9/14/90

Date: _____

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 14 day

of Sept 19 70

Seal

John Dale Carlson
Notary Public

Residing at Boise, Id

My Commission Expires 4/2/94



PD 1

PD 2

Freacher

Caring Station

MICROFILMED
OCT 16 1992

WHITE — State Auditor
YELLOW — Remittance Advice
PINK — State Auditor then Agency
GOLDENROD — Agency Copy

EXPENDITURE VOUCHER

AUDITOR USE

AGENCY USE

3647
Date 12/17/90
Code 193002

STATE OF IDAHO Office of State Auditor

VENDOR: If you require additional information regarding this payment, please contact the State agency listed below.

AGENCY NAME:

DEPT. OF WATER RESOURCES

Document No.	
Pre-Audit	Date
Warrant No.	

PAY

SALMON RIVER CHALLENGE INC.
C/O PAT OR SHARI MAREK
PO BOX 1299
RIGGINS, ID 83549

TO

CHECK ONE:

(1) MISCELLANEOUS EXPENDITURE

() STATE CONTRACT

() PURCHASE ORDER

() MISCELLANEOUS
ENCUMBRANCE REQUISITION

PAYMENT: () PARTIAL () FINAL

Encumbrance Reference No.

LINE No.	PROGRAM	FUND	ACCT.		DESCRIPTION	LINE AMOUNT	AGENCY USE
			Maj	Min			
1	04 10 162	9337	8801		REFUNDS PER D. SHAFF WR #A79-10437 12/12/90 50.00	50.00	
TOTAL						50.00	

NOTE: Final payment must be accompanied by a receiving copy

TO STATE AUDITOR

Request is hereby made that a warrant be authorized and drawn in payment of the item or items described above. I hereby certify that the items described were ordered by proper authority; that they are necessary in the public service, that the items have been received and accounted for, and that the account as stated is correct and just.

AUDITOR'S CERTIFICATE

I hereby certify that the above account is in proper form; that totals carried hereon are correct; that receipts when required by law or regulation of the State Board of Examiners covering items for which reimbursement is asked are submitted herewith; and that there are funds in the state treasury and balances in appropriation accounts out of which the same may be lawfully paid.

Date

Head of Agency or Institution

State Auditor

REFUND REQUEST

Hold Until To Fiscal 12-1490

TO: Debbie Allen

THRU: Don Shaff

Approved Initials/Date JS 12/12/90

FROM: John Carlson

Approved JPC 9/26/90

RE: Payor

Salmon River Challenge, Inc.

Address

40 Pat or Shari MarekPO Box 1299Riggins, ID 83549Claimant if NOT Payor Receipt # C012681 Attached ☒Logged previously ofAmount \$50.00Claim Location d/bW/R #(s) A19-10437Extension Filed? ☒ Y/N NARefund Generated By HHTCopy Attached? ☒ Y/N NANot Refunded as of 9-26-90Late Fees Paid? ☒ Y/N ☒ NAReason for Refund ext. grantedOn Receipt # Date of Last Correspondence Data Base Modified? Y/N ☒ NA By Date

REMARKS:

→ 2nd refund request; 1st one cancelled; ext. granted. All pertinent p-works attached.

Receipt # C012681 is for \$102.00
Claimant Requested \$50.00 refund.

Held processing on previous refund attempt until applicant came into office to correct claims. Claim is complete 9/14/90.

Refund. Extension request approved 9/22/90.

Inv.-2dc Don+Stock \$52.00 filing fee.

OK to refund \$50.00. JPC 9/26/90

Note Original claim in paperwork. Inv. reason. 11/20/90

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OCT 06 1992

09/20/90



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

December 14, 1990

Salmon River Challenge, Inc.
Pat or Shari Marek
P.O. Box 1299
Riggins, ID 83549

RE: Snake River Basin Adjudication (SRBA)
Idaho County, Receipt #C012681, \$50.00

Dear Mr. & Mrs. Marek:

Your Request for Extension of Time was granted, and the late fees you paid on the above-referenced claim will be refunded. The refund process has been initiated with the State Auditor's Office. You should receive your check in the near future.

Sincerely,

John D. Carlson
John D. Carlson
Adjudication Supervisor

JDC:sf:ref:west

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OCT 06 1992



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

September 7, 1990

Pat or Shari Marek
P.O. Box 1299
Riggins, ID 83549

RE: Snake River Basin Adjudication (SRBA)
Idaho County Receipt #C012681, \$102.00

Dear Mr. & Mrs. Marek:

In our letter to you of June 22, 1990, you were offered some options to record your water rights. Since we have not received anything further from you, the refund process has been initiated with the State Auditor's Office for the fees you paid. You should receive your check in the near future.

You may resubmit your claims by paying the filing fees plus the late fee of \$50.00 per claim received within two years.

Sincerely,

A handwritten signature in cursive script that reads "John D. Carlson".

John D. Carlson
Adjudication Supervisor

JDC:sf:ref:west

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OCT 06 1992

TO: Debbie Allen

FROM: D. Shaff *DS 9-06-90*

DATE: *4-24-90*

RE: Receipt *8012681* Refund *Yes*

Please process a refund of \$~~50.00~~ 102.⁰⁰ to:

*Salmon River Challenge, Inc.
c/o Pat or Shari Marek
P.O. Box 1299
Riggins, ID 83549
(overpmt)*

OWR

*Paid \$102⁰⁰ for ^{2 Ac} Irr + Dom. claim.
The claim was late, but Danni indicated
no notice was sent.*

They are requesting refund of \$50⁰⁰.

OK. JDC. Not refunded as of 6/8/90

Hold refund until acreage confirmed.

*No response from request for acreage confirmation
letter of 6/22/90. claim returned.*

Refund entire filing fee, 102⁰⁰ JDC 8/29/90

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OCT 06 1992

Date Received 9/14/90

State of Idaho
Department of Water Resources
REQUEST FOR EXTENSION OF TIME
TO FILE ADJUDICATION CLAIM(S)

The Idaho Department of Water Resources will consider this form as a request by the claimant for an additional period of time in which to file claim(s) beyond the 90 days allowed by Section 42-1409(10), Idaho Code.

Shari A. Marex (208) 628-3264
Name of Claimant Phone Number
PO Box 1299 Riggins Id 83549
Mailing Address City State Zip
Idaho 7/27/88
County(s) where place of use is located Date claim originally due
A79-10437
Identify water right(s) for which extension is requested

State why an extension of time is requested explaining how a diligent effort has been made to meet the deadline:

Originally no commencement sent to this person at this address.
They received March 6, 90 correspondence and returned claim April 10, 90, more
corrections required sent letter 4/27/90 with claims. They did not receive
sent letter on refusal Sept 7, 90 and they responded immediately setting
up an appt. claim is filed this date complete.

Claimant requests an extension to 9/14/90, 19__

Shari A. Marex 9/14, 19 90
Signature Date of request

Landowner
Title

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

The above request for extension of time is hereby [☒ granted] [☐ denied] for the following reasons:

and if granted the filing deadline is extended to September 14, 19 90

Signed this 22 day of September 90, 19__

DAVID B. SHAW
Director or his designated agent

DAVID B. SHAW

Mail to: Idaho Department of Water Resources
1301 N. Orchard St.
Boise, ID 83706

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OCT 06 1992



State of Idaho
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

June 22, 1990

Pat or Shari Marek
P.O. Box 1299
Riggins, ID 83549

RE: Snake River Basin Adjudication (SRBA)
Idaho County - Receipt #C012681

Dear Mr. & Mrs. Marek:

We are once again returning your Notice of Claim to a Water Right filed for your property in Idaho County. We have noted some additional problems with your claim which we would like you to correct.

Please complete Item #7, the total diversion capacity or total of the lines for cfs from Item #6, whichever is less.

At Item #8, you have failed to indicate the amount of consumptive use for your property. For your legal description the Department suggests two acre feet per annum. It appears you are claiming two acres of irrigated land; if that is so, your consumptive use would be four acre feet per annum. If this does not agree with your actual usage, please explain at Item #14, "Remarks".

If there are other uses of the water besides irrigation, please list them in Item #9. Describe fully the non-irrigation uses, i.e., for domestic give number of households served if single ownership. For stockwater give the type and number of livestock.

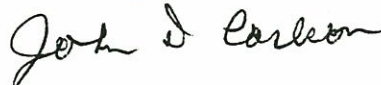
At Item #10 you have failed to fill in the required information. In most domestic uses, the place of use has the same legal description as the point of diversion as listed in Item #4. If this is accurate for your situation, please enter the Township, Range, Section and $\frac{1}{4}$ / $\frac{1}{4}$ information and circle domestic use. If your place of use differs from your point of diversion, please enter the appropriate legal description. Also, please clarify the number of acres irrigated as the total acres does not appear to add up to two here.

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OCT 06 1992

Pat or Shari Marek
June 22, 1990
Page 2

If your Notice of Claim is returned to us by July 23, 1990,
late fees will not be assessed.

Sincerely,



John D. Carlson
Adjudication Supervisor

JDC:sf:state:tf
Enclosures:
Notice of Claim

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OCT 06 1992

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 _____

Date Received _____

Receipt Number _____

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
APR 10 1990

Department of Water Resources

Please type or print clearly

1. Name of Claimant (s) Pator & Shari Marek Phone (208) 628-3264Mailing Address PO Box 1299 Riggs ID Zip 835492. Date of Priority (Only one (1) per claim) June 19633. Source of water supply (a) unnamed springs
which is tributary to (b) race creek4. a. Location of existing point of diversion is: Township 24N Range 1E Section 10,
SE 1/4 of NE 1/4 of H41 1/4, Govt. Lot, _____ B.M., County of IdahoAdditional points of diversion if any: None

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,
Govt. Lot _____ B.M., County of _____5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well. Diverson Dam with GravityFlow Ditch

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OCT 06 1992

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Domestic purposes from 1-1 to 12-31 amount 204 or _____

For irrigation purposes from 1-1 to 12-31 amount 106 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) _____

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
24N	1E	10	3																3
		3																3.5	3.5

Total number of acres irrigated 2

11. In which county (ies) are lands listed above as place of use located? El Dorado

12. Do you own the property listed above as place of use? Yes ☒ No ☐
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above. _____ or None (X)

14. Remarks:

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OCT 06 1992

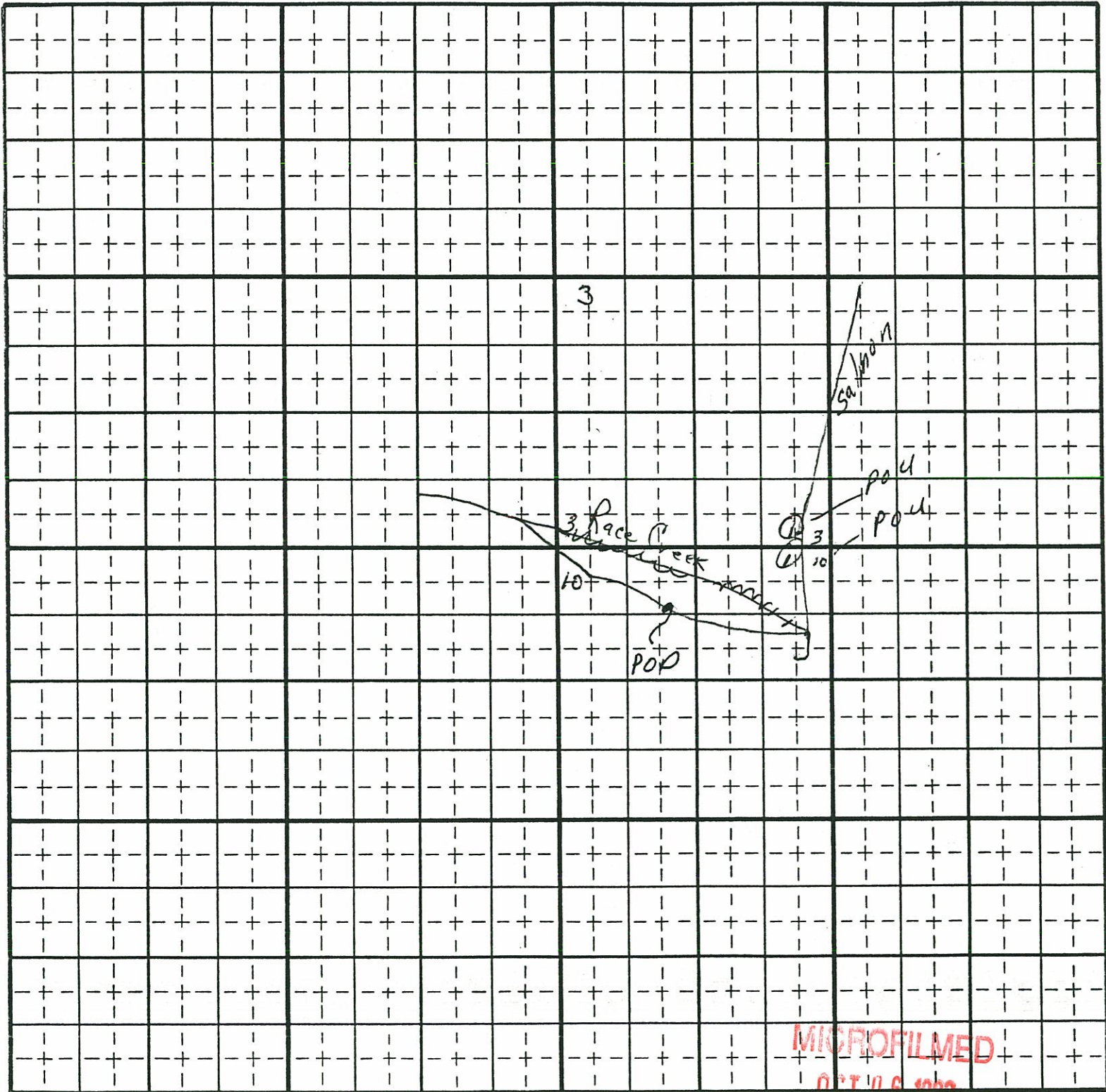
Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, ..

Scale: 2 inches equals 1 mile

T 24 N R 1 E



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OCT 06 1992

Last Name Marek Ident No. _____

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number _____
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

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

Signature of Claimant (s) Shari Masok Date 3-15-90

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

Title

of _____, that I have signed the foregoing

Organization

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 _____

Title and Organization _____ Date _____

State of Idaho/or _____)
County of Idaho) SS.

Subscribed and sworn (or affirmed) before me this 15th day of March 19 90

SEAL

Notary Public Charlene L. Workman

Residing at Riggins

My Commission Expires July 8, 1993

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

MICROFILMED
OCT 06 1992

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant



APR 10 1990

Form 25b

Department of Water Resources

REQUEST FOR REFUND

Name of Payor:
(Please Print)

Shari & or Pat Marek

Mailing Address:

P.O. Box 1299 Riggins, Idaho 83549

Amount:

\$ 50.00

Receipt No.: #C012681

County of Water Right:

Idaho

Claim No(s):

A Request For Withdrawal Of Claim or Relinquishment of Notice of Claim has been submitted for the Notice(s) of Claim to a Water Right which number(s) appear above, if numbers were assigned, and for which I, not the claimant, previously paid a filing fee to the Idaho Department of Water Resources. I request a refund of the filing fee and have attached an explanation of the justification for the refund.

Shari Marek

(Signature of Payor)

3/15/90

(Date)

Return to:

Idaho Department of Water Resources
Adjudication Section

For IDWR Use

	<u>Initials</u>	<u>Date</u>
Approval Region	_____	_____
Approval State Office	_____	_____
Data Entry	_____	_____
Claim File	_____	_____

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OCT 06 1992



State of Idaho
DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720 -(208) 327-7900

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

March 6, 1990

Pat or Shari Marek
P.O. Box 1299
Riggins, ID 83549

RE: Snake River Basin Adjudication (SRBA)
Idaho County - Receipt #C012681

Dear Mr. & Mrs. Marek:

We are returning your Notice of Claim to a Water Right filed for your property in Idaho County. We are also enclosing Receipt #C012681 in the amount of \$102.00 for the filing fees. We have noted some problems with your claim which we would like you to correct.

The form you have used is limited to single-family domestic and small stock water uses. Your claim shows use for irrigating two acres. Please complete Form #42-1409(2) (enclosed), sign the form, having your signature notarized and return it to this office.

We recommend that you read the "Permit Requirements" section of the enclosed instruction booklet. The fee for this claim would be \$52.00 (\$50.00 filing fee plus \$1.00 per acre).

We have also enclosed a Request for Refund form which you need to complete to receive the \$50.00 difference in filing fees.

If you will return the correct form before April 9, 1990, you will not be assessed a late filing fee.

Please do not hesitate to contact this office if you have any questions or concerns.

Yours Truly,

Donald V. Shaff
Donald V. Shaff
Manager, Adjudication Section

DVS:HHT:sf:state:tf

Enclosures:

Notice of Claim
Long Form w/Instructions
Receipt #C012681
Request for Refund

MICROFILMED
OCT 06 1992

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

Date Received

Receipt Number

11-7-89

C02681

NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day. Filing fee \$25

Department of Water Resources

RECEIVED
NOV 02 1989

Please type or print clearly

1. Name of Claimant (s) PAT OR SHARI MAREK Phone (208) 628-3264Mailing Address P.O. BOX 1299 RIGGINS, ID Zip 835492. Date of Priority (Only one (1) per claim) JUNE 19633. Source of water supply (a) UNNAMED SPRINGS
which is tributary to (b) RACE CREEK4. Location of point of diversion is: Township 24 N Range 1 E
Section 10, SE 1/4 of NE 1/4 of SW 1/4, Govt. Lot _____, B.M.,
County of IDAHOAdditional points of diversion if any: NONE5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well. COLLECTION BOX 2" PIPELINE
5000' TO HOUSE

6. Water is claimed for the following: (Limited to Domestic and/or Stockwater only. See Instructions)

For DOMESTIC purposes from 1/1 (Both dates are inclusive) to 12/31 amount .084 (cfs)For irrigation purposes from 1/1 to 12/31 amount .06 (cfs)7. Total quantity claimed .084 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served; Stockwater: Type and number of livestock) DOMESTIC 1-HOUSEHOLD-Irrigation 2 acres

10. Place a "D" for domestic and "S" for stockwater use in the corresponding place of use below.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4			
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4
24N	1E	10																D

11. In which county (ies) are lands listed above as place of use located? IDAHO

12. Do you own the property listed above as place of use? Yes X No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (X)

14. Remarks: _____

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____

If applicable provide IDWR Water Right Number _____

Court _____

Case Number _____

Decree Date _____

Plaintiff vs Defendant _____

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

x Signature of Claimant (s) Shari Marek Date 10/30/89

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____, Title _____, that I have signed the foregoing
Organization

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 _____

Title and Organization _____

Date _____

State of Idaho/or _____)
County of Idaho) SS.

Subscribed and sworn (or affirmed) before me this

SEAL

Notary Public

Residing at

My Commission Expires

Last Name MAREK

Ident No. _____

MICROFILMED

OCT 26 1992

19 89

Louetta K Buchanan

Riggins, ID 83549

7-22-94

Copies White-State, Yellow-Claimant