

vicki



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-717

EASTERN REGION

April 23, 2001

DIRK KEMPTHORN  
GOVERNOR

KARL J. DREHER  
DIRECTOR

RECEIVED

AUG 13 2001

Department of Water Resources

JEFF FELD  
719 BITTERROOT DR  
POCATELLO ID 83201

RE: OWNERSHIP CHANGE FOR WATER RIGHT 35-7732

Dear Mr. Feld:

Our office received the attached request to change the address on three water rights. I sent a copy to our state office in Boise for processing of 35-12746 and 35-08820. However, 35-7732 is in the name of Todd Feld and I cannot do a simple address change. Please submit the enclosed "Notice of Change of Water Right Ownership" to our office and I will update our records to show you as the owner at your new address.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Crabtree".

Jennifer Crabtree  
Technical Records Specialist

Enclosure

50 + 76 + 50647 Fee = 3176

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: A35-07732  
Date Received: 3/12/1990  
Receipt No: EQ2549  
Received By: EV  
Lun

Department of Water Resources  
Eastern District Office

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

1. Name: TODD FELD 208-397-4745  
Address: P.O. BOX B  
ABERDEEN, ID 83210

2. Date of Priority: JUL 21, 1977

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County  |
|----------|-------|---------|--------|--------|--------|-----|---------|
| 06S      | 31E   | 17      | SE     | SW     |        |     | BINGHAM |

5. Description of diverting works:  
WELL, PUMP & PIPELINE.

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) | A.F.A. |
|------------|-------|-------|--------|------|--------|
| IRRIGATION | 04/01 | 10/31 | 1.110  |      |        |

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

8. Total consumptive use is 228.0 Acre Feet Per Annum.

9. Non-irrigation uses:  
NONE

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 of | Lot | Use | Acres |
|----------|-------|---------|--------|--------|-----|-----|-------|
| 06S      | 31E   | 17      | NE     | SW     |     | IRR | 40.0  |
|          |       |         | SE     | SW     |     | IRR | 36.0  |

Section Acres 76.0

A35-07732

Page 1

Date: 03/12/90

MICROFILME

DEC 10 1992

A3507732

10. Place of Use: Continued

Total Acres 76.0

11. Place of use in counties: BINGHAM

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

13. Other Water Rights Used:  
ABERDEEN-SPRINGFIELD CANAL CO.

14. Remarks:

15. Basis of Claim: LICENSE

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): Todd Feld Date: 3/19/1990  
\_\_\_\_\_  
Date: \_\_\_\_\_

State of Idaho )  
County of Bingham ) SS.

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

Lavon S. Warner  
Notary Public

Seal

Residing at Aberdeen

My Commission Expires 7-7-92

[illegible]

A 35-07732

**R31E**

45

M-5

NOT TO SCALE

WHITE - State Auditor  
 YELLOW - Remittance Advice  
 P. K - State Auditor then Agency  
 GOLDENROD - Agency Copy

## EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO  
 Office of State Auditor

AGENCY USE

|      |          |
|------|----------|
| Date | 8587     |
| Code | 04/03/92 |
|      | 193002   |

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

AGENCY NAME:

DEPT. OF WATER RESOURCES  
 TAX EXEMPT # X-189030-E-920  
 VALID THRU 1/94

Document No.

1075605

Pre-Audit

Date

APR 07 1992

Warrant No.

CHECK ONE:

( 1 ) MISCELLANEOUS EXPENDITURE

( ) STATE CONTRACT

( ) PURCHASE ORDER

( ) MISCELLANEOUS ENCUMBRANCE REQUISITION

PAY  
 TO

TODD FELD  
 PO BOX 8  
 ABERDEEN, ID 83210

PAYMENT: ( ) PARTIAL ( ) FINAL

Encumbrance Reference No.

| LINE No.                                                                                                                                                                        | PROGRAM   | FUND | ACCT. |     | DESCRIPTION                                                       | LINE AMOUNT | AGENCY USE         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|-------|-----|-------------------------------------------------------------------|-------------|--------------------|
|                                                                                                                                                                                 |           |      | Maj   | Min |                                                                   |             |                    |
| 1                                                                                                                                                                               | 04 10 162 | 9337 | 8831  |     | REFUNDS<br>PER ERNIE CARLSEN<br>CLAIM #A35-07732<br>4/ 2/92 76.00 | 76.00       |                    |
| <div style="text-align: center;"> <b>RECEIVED</b><br/>           APR 23 1992<br/>           Department of Water Resources<br/>           Eastern District Office         </div> |           |      |       |     |                                                                   |             |                    |
|                                                                                                                                                                                 |           |      |       |     |                                                                   | 76.00       | <b>MICROFILMED</b> |

NOTE: Final payment must be accompanied by a receiving copy

TOTAL

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

TO: S. Frazee to Log In  
FOR: J. Carlson/D. Shaff/D. Allen  
FROM: Ernie Carlson

RE: Payor Todd Feld  
Address P.O. Box B  
Abbeville, AL 36210

RECEIVED

FEB 24 1992

Claimant if NOT Payor same Department of Water Resources  
Refund Amount \$ 76.00 Claim Location Region  
Extension Filed? Y/N NA Copy Attached? Y/N NA  
Late Fees Paid? Y/N NA On Receipt # \_\_\_\_\_  
S.O. Verified Ext. by \_\_\_\_\_ on \_\_\_\_\_  
Refund Generated By ( ) Agent (X) Claimant telecon.  
Refund Category Double payment of variable fee.  
Date of Last Correspondence (copy attached) 2-19-92

| Claim No. | Use | Fees Paid | Correct Fee | Rec't # |
|-----------|-----|-----------|-------------|---------|
| A35-07732 | 01  | \$ 126.00 | 50.00       | E012549 |
|           |     | \$        |             |         |
|           |     | \$        |             |         |
|           |     | \$        |             |         |
|           |     | \$        |             |         |
|           |     | \$        |             |         |

Detailed Reason(s) for Refund Attached Y/N

Region Adj. Supervisor Approval ERC John Carlson Approval \_\_\_\_\_  
Don Shaff Approval 4-02-92 Hold \_\_\_\_\_ To Fiscal \_\_\_\_\_  
Not Refunded as of 03-04-92 Logged 02-25-92  
Data Base Modified? Y/N NA By D. Frazee Date 02-25-92

Claimant paid an assessment to Abbeville Spring Field Canal Co. for land served by the canal and then also paid the variable fee for the P.O.U. on A35-07732. Subsequently the canal co. paid the variable fee for the P.O.U. on A01-0002320 and A01-0002321 under receipt E014259. Comparison of the P.O.U. for these claims reveals an overlap of 76 acres. The claimant is therefore requesting a refund of \$76.00 paid under receipt E012549.

af → ERUC send ltr

MICROFILMED

DEC 10 1992

05/01/91

(WATER RIGHT NUMBERS THAT BEGIN WITH AN "W" ARE ADJUDICATION CLAIMS)

| WR-NUMBER | SOURCE        | NE          |    |    |    | NW |    |    |    | SE |    |    |    | SW |    |    |    | NE |    |    |    | NW |    |    |    | SE |  |  |  | SUM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------|---------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|           |               | Lt          | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac |    |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A3507732  | T06S R31E S17 | GROUNDWATER |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

MICROFILMEI  
DEC 10 1992



State of Idaho  
DEPARTMENT OF WATER RESOURCES

150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 - (208) 525-7161

EASTERN REGION

CECIL D. ANDRUS  
GOVERNOR  
R. KEITH HIGGINSON  
DIRECTOR

DATE: Feb 19, 1992

Todd Feld  
P.O. Box B  
Aberdeen, ID 83210

RE: REFUND

Dear

This office has initiated a Refund Request for the double payment of fees in the Snake River Basin Adjudication (SRBA).

Comparison of the land list on your Notice(s) with the lands listed on claims submitted by Aberdeen-Springfield Canal Company revealed an overlap of the following:

76 acres on ASS-07732

Therefore, the Refund Request is for \$ 76<sup>00</sup>, paid under receipt E012549. A check for this amount should be mailed from Boise in the near future.

Naturally, if you have any questions, feel free to contact this office (525-7161).

Respectfully submitted,

Ernest Carlsen  
Adjudication Supervisor

EC:jt

cc: Aberdeen-Springfield Canal Company

File: To Claim

MICROFILMED

DEC 10 1992

| OWNER<br>CODE | NAME & ADDRESS                                               | PRIORITY<br>DATE | WATER USE  | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|---------------|--------------------------------------------------------------|------------------|------------|-----------------------|-------------------|---------------------|
| C             | TODD FELD<br>PO BOX B<br>ABERDEEN ID 83210<br>(208) 397-4745 | 07/21/1977       | IRRIGATION | 04-01 10-31           | 1.11 CFS          | 304.00 AFA          |
|               |                                                              |                  |            |                       | TOTAL DIVERSION:  | 1.11 CFS 304.00 AFA |

Water Source: GROUNDWATER      Tributary to:      Stage: LICENSE

Point(s) of Diversion: T06S R31E S17      NESESW      BINGHAM County

| Place of use Legal Description for: IRRIGATION |     |    |         |         |         |         |         |         |         |         |         |
|------------------------------------------------|-----|----|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|                                                |     |    | NE      |         |         | NW      |         |         | SW      |         |         |
| T                                              | R   | S  | NE NE   | SW NE   | SE NE   | NW NW   | SW NW   | SE NW   | NE SW   | SW SW   | SE SW   |
| 06S                                            | 31E | 17 | : Lt Ac | : Lt Ac | : Lt Ac | : Lt Ac | : Lt Ac | : Lt Ac | : Lt Ac | : Lt Ac | : Lt Ac |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    | :       |         |         | :       |         |         | :       |         |         |
|                                                |     |    |         |         |         |         |         |         |         |         |         |



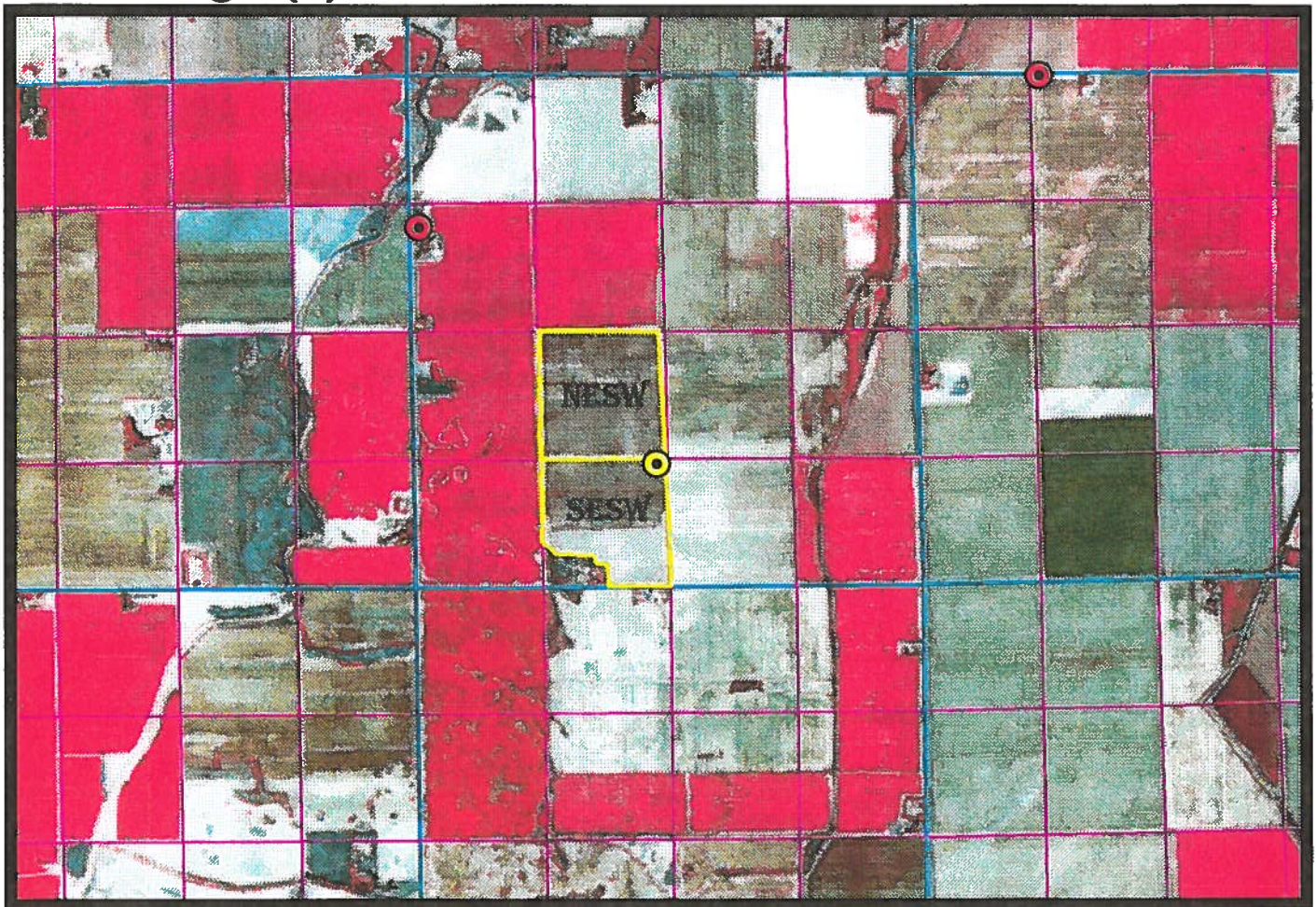
# STATE OF IDAHO

Department of Water Resources

Eastern Region

**Claimant: Todd Feld**

**Water Right(s): 35-07732**



750 0 750 1500 2250 3000 3750 4500 5250 6000 6750 7500 8250 9000 9750 10500 Feet

## LEGEND



Point of Diversion



SESE

Place of Use



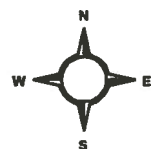
Section Line



Quarter-section line

**Legal Description: T.6S., R.31E.  
Sec. 17 E2SW**

**Point(s) of Diversion: T.6S., R.31E.,  
Sec. 17 NESESW**



GIS Place of Use illustration  
1987/1988 NAPP photography  
Prepared by: A. Ruberry  
Date: October 1998

55



(AMER)  
T. 6 S.  
4754  
55'  
4753  
4752  
450 000  
FEET  
4751  
4750  
4749

T6 S  
R31 E

A35-07732

LAST: O.E. FELD & SONS INC.  
ADDRESS: Rt. 1 BOX 228  
CITY: ABERDEEN  
PHONE NUMBER: 208-000-0000

FIRST:  
STATE: ID ZIP: 83210

OWNER CODE: 0

LAST: FELD  
ADDRESS: P.O. BOX 8  
CITY: ABERDEEN  
PHONE NUMBER: 208-397-4745

FIRST: TROD  
STATE: ID ZIP: 33210

OWNER CODE: C

FIELD EXA1 REQUIRED?

VERIFICATION REQUIRED DUE TO REMARKS?

NO REMARKS IN CLAIM

DATABASE: FIELD EXAMINER  
N N

PLATE NUMBER: A33-01132

PHONE NUMBER: ( ) -

TIME: \_\_\_\_\_ A(\_\_\_\_\_) P(\_\_\_\_\_)

PHONE NUMBER: ( ) - -

.....

A. AJ CLAIM: # A35-07732 PRIORITY DATE: 07-21-1977 / STAGE: L /

B. WR RECORD: # 35-07732 PRIORITY DATE: 07-21-1977 / STAGE: L /

C. FIELD EXAM REQUIRED?

DOE TO PRIORITY DATE DISCREPANCY? (Y/N) DATABASE EXAMINER  
N N

ARE THERE OBVIOUS REASONS TO QUESTION THE PRIORITY DATE CLAIMED? V( ) N(X)  
IF YES EXPLAIN.

REMARKS: Priority date claimed matches license.

RECOMMENDED PRIORITY DATE:  
07-21-1977

REVIEWED BY CA DATE 9-15-92

A. AJ CLAIM POINT OF DIVERSION AND SOURCE:

| RIGHT     | TWP. | RGE. | SEC. | 1/4 | 1/4 | 1/4 | LOT | CNTY    |
|-----------|------|------|------|-----|-----|-----|-----|---------|
| A35-07732 | 03S  | 31E  | 17   |     | SE  | SW  |     | BINGHAM |

OTHER AJ CLAIMS WITH SAME AJ POD  
A PREFIX R PREFIX  
A35-12744 NONE  
WR RECORDS IN SAME 40 ACRE TRACT  
NONE

SOURCE: GROUNDWATER

TR13:

3. WR POINT OF DIVERSION AND SOURCE:

| RIGHT    | TWP. | RGE. | SEC. | 1/4 | 1/4 | 1/4 | LOT | CNTY    |
|----------|------|------|------|-----|-----|-----|-----|---------|
| 35-07732 | 03S  | 31E  | 17   |     | SE  | SW  |     | BINGHAM |

OTHER WR RECORDS WITH SAME WR POD  
AJ CLAIMS IN SAME 40 ACRE TRACT  
A PREFIX R PREFIX

NONE

A35-12744 NONE

SOURCE: GROUNDWATER

TR13:

C. FIELD EXAM REQUIRED?

| DUE TO POD DISCREPANCY?    | (Y/N) | DATABASE | FIELD EXAMINER |
|----------------------------|-------|----------|----------------|
| DUE TO SOURCE DISCREPANCY? | (Y/N) | Y        | <u>N</u>       |
|                            |       | N        | <u>N</u>       |

REMARKS:

10 acre tract determined from system diagram in license file

RECOMMENDED POINT(S) OF DIVERSION AND SOURCE:  
TWP. R&E. SEC.

65 31E 17 NE SE SW LOT COUNTY  
Brigham

SOURCE: GROUNDWATER

TRIA:

REVIEWED BY:

CA

DATE:

9-15-92

A. ROOT WATER RIGHT NUMBERS: A35-07732

B. POI LISTING

| TWP         | RNG | SEC | 1/4       | 1/4 | LOT   | NAME        | AJ<br>#/ACRES    | HR<br>#/ACRES  | LANDSAT<br>DATA | FIELD<br>EXAM. | RECOMM.<br>ACRES |
|-------------|-----|-----|-----------|-----|-------|-------------|------------------|----------------|-----------------|----------------|------------------|
| 065         | 31E | 17  | NE        | SW  |       | FELD, TODD  | A35-07732 /40.0  | 35-07732 /40.0 | 41.0            |                | 40               |
|             |     |     | NE        | SW  |       | LARGE CLAIM | A01-3002321/40.0 | -              | /               |                |                  |
|             |     |     | NE        | SW  |       | LARGE CLAIM | A01-3029721/40.0 | -              | /               |                |                  |
|             |     |     | NE        | SW  |       | LARGE CLAIM | A35-0254321/40.0 | -              | /               |                |                  |
|             |     |     | NE        | SW  |       | LARGE CLAIM | A35-0424621/40.0 | -              | /               |                |                  |
|             |     |     | NE        | SW  |       | LARGE CLAIM | A01-0206461/40.0 | -              | /               |                |                  |
|             |     |     | NE        | SW  |       | LARGE CLAIM | A01-0206861/40.0 | -              | /               |                |                  |
|             |     |     | NE        | SW  |       | LARGE CLAIM | A01-3206811/40.0 | -              | /               |                |                  |
| 065         | 31E | 17  | SE        | SW  |       | FELD, TODD  | A35-07732 /35.0  | 35-07732 /35.0 | 43.0            |                | 36               |
|             |     |     | SE        | SW  |       | FELD, MIKE  | A35-12744 /      | -              | /               |                |                  |
|             |     |     | SE        | SW  |       | LARGE CLAIM | A01-3002321/40.0 | -              | /               |                |                  |
|             |     |     | SE        | SW  |       | LARGE CLAIM | A01-3029721/40.0 | -              | /               |                |                  |
|             |     |     | SE        | SW  |       | LARGE CLAIM | A35-0254321/40.0 | -              | /               |                |                  |
|             |     |     | SE        | SW  |       | LARGE CLAIM | A35-0424621/40.0 | -              | /               |                |                  |
|             |     |     | SE        | SW  |       | LARGE CLAIM | A01-0206461/40.0 | -              | /               |                |                  |
|             |     |     | SE        | SW  |       | LARGE CLAIM | A01-0206861/40.0 | -              | /               |                |                  |
|             |     |     | SE        | SW  |       | LARGE CLAIM | A01-3206811/40.0 | -              | /               |                |                  |
| TOTAL ACRES |     |     | A35-07732 |     | 76.00 |             | 75.00            |                | 84.00           |                | 76               |

ARE IRRIGATED ACRES FOUND IN TRACTS OTHER THAN INDICATED ABOVE, Y( ) N(X)  
IF YES SEE ATTACHED SHEET:

76 < 84

C. FIELD EXAM REQUIRED?

DUE TO POI DISCREPANCY? (Y/N)

DATABASE FIELD EXAMINER  
Y AL

PRESUMPTION FLAG:

REMARKS:

P.O. U. claimed matches license. Address verified w/ AQ 3/11/92 3/11/92 license Exam  
Photo.

RECOMMENDATIONS:

TOTAL ACRES: 76

REVIEWED BY: AF

DATE: 9-15-92

## A. AS CLAIMED USES:

PURPOSES  
A35-07732 IRRIGATIONMONTH/DAY  
FROM 04-31 TO 10-31DIVERSION QUANTITY  
1.110 CFS

TOTAL DIVERSION RATE/VOLUME CLAIMED

1.110 CFS

## B. HR RECORDED USES:

PURPOSES  
35-07732 IRRIGATIONMONTH/DAY  
FROM 04-31 TO 10-31DIVERSION QUANTITY  
1.110 CFS 266.00 AF/A

TOTAL DIVERSION RATE/VOLUME CLAIMED

1.110 CFS

266.00 AF/A

## PRESUMPTION FLAG:

## C. FIELD EXAM REQUIRED?

DUE TO WATER-USE DISCREPANCY? (Y/N)  
DUE TO DIVERSION RATE DISCREPANCY? (Y/N)  
DUE TO PERIOD FROM/TO DISCREPANCY? (Y/N)FIELD  
DATABASE EXAMINER  
N N N  
N N N  
N N N

## D. PERIOD OF USE:

RECOMMEND AS CLAIMED?

RECOMMEND TO HR STANDARDS OR OTHER?

Y (X) N ( )

Y ( ) N ( )

EXPLAIN IN REMARKS, BELOW.

## REMARKS:

4-1 to 10-31

A. DOES DIVERSION RATE CLAIMED AGREE WITH EXISTING RECORDS?

Y( X ) N(    )

AJ TOTAL CLAIMED DIVERSION RATE: 1.110 CFS  
 MR ROOT RIGHT TOTAL DIVERSION RATE: 1.110 CFS

\*\*\* IF NO OR IF STATUTORY CLAIM OR BENEFICIAL USE THEN FLOW MEASUREMENT REQUIRED. \*\*\*  
 \*\* IF AN AMOUNT SMALLER THAN THE ORIGINAL DIVERSION RATE IS \*\*  
 \*\* CLAIMED AND AN EXAM IS NOT REQUIRED, EXPLAIN IN REMARKS. \*\*

FLOW MEASUREMENT REQUIRED?

FIELD DATABASE EXAMINER  
 DUE TO STAGE OR DIVERSION RATE DISCREPANCY? (Y/N) N   

B.

FLOW MEASUREMENT

MEASUREMENT METHOD N.A., SEE ATTACHED CALCULATIONS.

C. ARE OTHER WATER RIGHTS USED? Y(    ) N(    ) IF YES COMPLETE OVERLAP REVIEW.

OTHER RIGHTS LISTED IN CLAIM: ABERDEEN-SPRINGFIELD CANAL CO. FD2

LIST ALL RIGHTS WITH A SAME POU AND IRRIGATION USAGE:

| CLAIM NO.   | SOURCE      | NAME        | DIV. RATE | DIV. RATE/ACRE | DIV. VOL. | DIV. VOL./ACRE |
|-------------|-------------|-------------|-----------|----------------|-----------|----------------|
| A33-07732   | GROUNDWATER | FELD, TDD   | 1.110     | 0.014          |           |                |
| A01-0002321 | LARGE CLAIM | LARGE CLAIM | 9999.990  | 0.420          |           |                |
| A01-0023721 | LARGE CLAIM | LARGE CLAIM | 9999.990  | 0.420          |           |                |
| A01-0205461 | LARGE CLAIM | LARGE CLAIM | 9999.990  | 0.420          |           |                |
| A01-0205861 | LARGE CLAIM | LARGE CLAIM | 9999.990  | 0.420          |           |                |
| A01-0205841 | LARGE CLAIM | LARGE CLAIM | 9999.990  | 0.420          |           |                |
| A33-0254321 | LARGE CLAIM | LARGE CLAIM | 9999.990  | 0.420          |           |                |
| A33-0424621 | LARGE CLAIM | LARGE CLAIM | 9999.990  | 0.420          |           |                |

LIST ALL RIGHTS WITH SAME POU BUT NOT USED FOR IRRIGATION.

| CLAIM NO. | PURPOSES | NAME       | MONTH/DAY           | RATE      | VOLUME |
|-----------|----------|------------|---------------------|-----------|--------|
| A33-12744 | DOMESTIC | FELD, MIKE | FROM 01-01 TO 12-31 | 0.040 CFS |        |

D. RATE/VOLUME CALCULATIONS: (IRRIGATION)

1A. IRRIGATION RATE  
ACRES 76 X 0.02 CFS/ACRE = 1.52 CFS  
(TAKEN FROM P/U REVIEW)

1B. CALCULATIONS

DUES AMOUNT CLAIMED EXCEED 0.02 CFS/ACRE? Y( ) N(Y)

1.11 < 1.52

SEE IF YES ADDITIONAL WATER USE FORM FILED AND ATTACHED? Y( ) N( )

2. IRRIGATION CONSUMPTIVE USE

CLAIMED CONSUMPTIVE USE = 228.0 AF/A

ACRES 76 X CONSUMPTIVE VOL. AF/A FOR AREA 3 =

TOTAL CONSUMPTIVE USE 228 AF/A

3. IRRIGATION DIVERSION VOLUME

CLAIMED DIVERSION VOLUME = AF/A

ACRES 76 X DIVERSION VOL. AF/A FOR AREA 4 =

TOTAL DIVERSION VOLUME 304 AF/A

4. CALCULATIONS FOR USES OTHER THAN IRRIGATION:

SEE ATTACHED SHEET? Y( ) N(X)

REMARKS: (INCLUDE LIMITATIONS ON CONSUMPTIVE USE FOR COMBINED RIGHTS.)

COND: E62

RECOMMENDATIONS:

| REC. PURPOSES        | REC. PERIOD FROM TO | REC. DIV RATE CFS                      | REC. DIV V31. AF/A              | REC. CONS. USE                        |
|----------------------|---------------------|----------------------------------------|---------------------------------|---------------------------------------|
| IRRIGATION           | 04-01 10-31         | DATABASE EXAMINER<br>1.110 <u>1.11</u> | DATABASE EXAMINER<br><u>304</u> | DATABASE EXAMINER<br>228.0 <u>228</u> |
| TOTAL FOR THIS RIGHT |                     | 1.110 1.11                             | 304                             | 228.0 228                             |

REVIEWED BY:

*CV*

DATE:

9-15-92

A. CHECK ONLY THE FOLLOWING THAT APPLY:

OWNERSHIP  
FORFEIT/ABANDON  
ADDITIONAL DIV. AMOUNT

ACCEPTED  
AS CLAIMED  
(X) (X)  
( ) ( )  
NEEDS  
REVIEW  
( ) ( )

B. SPLIT WATER RIGHT REVIEW

ROOT WATER RIGHT NUMBER: 35-07732

TOTAL DIVERSION RATE OF WR SPLITS DATABASE 1.110

EXAMINER  
///  
CFS

SPLITS:

| OLD RIGHT<br>NUMBERS | CURRENT<br>CLAIM NUMBERS | DIVERSION<br>RATE | CURRENT "R"<br>CLAIM NUM. | "R" DIV.<br>RATE | WR RIGHT<br>NUMBERS | DIVERSION<br>RATE |
|----------------------|--------------------------|-------------------|---------------------------|------------------|---------------------|-------------------|
| -                    | A35-07732                | 1.110             | -                         |                  | 35-07732            | 1.110             |

TOTAL CFS 1.110

1.110

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 SHEET ATTACHED? (Y/N)

DATABASE  
Y

FIELD  
EXAMINER  
Y

REMARKS:

Right is Claimed in File

AUTHENTICATION:

SIGNATURE:

*[Signature]*

DATE: 10-14-93

NAME OF FIELD EXAMINER:

*[Signature]*

TITLE: SDA

| MR ELEMENT                | FIELD EXAM<br>Y/N | CORRESPONDENCE<br>SENT/RECEIVED<br>BY MM/DD/DATE | FIELD EXAM<br>BY MM/DD/DATE<br>In Office | CHANGE<br>CLAIM<br>Y/N | VERIFIED BY<br>CODE | COMPLETED<br>REVIEW<br>MM/DD/DATE | COMPLETED<br>DATA ENTRY<br>MM/DD/DATE | VERIFIED<br>DATE<br>MM/DD/DATE |
|---------------------------|-------------------|--------------------------------------------------|------------------------------------------|------------------------|---------------------|-----------------------------------|---------------------------------------|--------------------------------|
| PRIORITY DATE             |                   |                                                  |                                          |                        |                     |                                   |                                       |                                |
| POINT OF DIV              | Y                 |                                                  | CD 9-15-92                               | N                      | 6                   | CD 10-14-93                       | CD 10-14-92                           | CD 11-3-93                     |
| SOURCE                    |                   |                                                  |                                          | Y                      | 6                   |                                   |                                       |                                |
| PLACE OF USE              |                   |                                                  |                                          | N                      | 6                   |                                   |                                       |                                |
| DIV. AMOUNT<br>CFS/VOLUME | Y                 |                                                  |                                          | N                      | 6                   |                                   |                                       |                                |
| CONSUMPTIVE USE           |                   |                                                  |                                          | Y                      | 6                   |                                   |                                       |                                |
| PURPOSES                  |                   |                                                  |                                          | N                      | 6                   |                                   |                                       |                                |
| PERIOD OF USE             |                   |                                                  |                                          | N                      | 6                   |                                   |                                       |                                |
| BASIS OF CLAIM            |                   |                                                  |                                          | N                      | 6                   |                                   |                                       |                                |
| REMARKS                   |                   |                                                  |                                          | N                      | 6                   |                                   |                                       |                                |

VERIFIED BY CODES

TOPO MAP/GRID-PQ = 1  
 ASCS MAP = 2  
 MASTER RECORDS = 3  
 APP PHOTOS = 4  
 FIELD EXAM = 5  
 OTHER (SEE REMARKS) = 6

THESE CODES ARE USED TO INDICATE HOW THE FIELD EXAMINER VERIFIED THE INFORMATION  
USED FOR THIS FIELD EXAMINATION. INDICATED ARE ALL CODES WHICH APPLY.

State of Idaho  
Department of Water Resources

**WATER RIGHT LICENSE**

License of Water Right No. 35-7732 Priority July 21, 1977 Amount 1.11 cfs

THIS IS TO CERTIFY, that O. E. Feld & Son's Inc.  
of Aberdeen, ID, has complied with the terms and conditions of Permit  
No. 35-7732 issued pursuant to Application for Permit dated July 21, 1977,  
and has submitted proof to the Department of Water Resources on February 27, 1979,  
that he has applied water to a beneficial use; an examination by the Department indicates that the works have a  
capacity for the diversion of 1.11 cfs of water from a groundwater source,  
tributary to \_\_\_\_\_, and that the permit holder has applied to a beneficial use and  
established a right to use water as follows:

| Beneficial Use | Period of Use                         | Rate of Diversion   | Annual Volume          |
|----------------|---------------------------------------|---------------------|------------------------|
| Irrigation     | from <u>April 1</u> to <u>Oct. 31</u> | <u>1.11 cfs</u> and | <u>266.0 acre feet</u> |
|                | from _____ to _____                   | fs and _____        |                        |
|                | from _____ to _____ at _____          | fs and _____        |                        |
|                | (both dates inclusive)                |                     |                        |

Subject, however, to the condition that no more than 1.11 cfs of water be diverted at any one time, and  
that the amount of water so diverted and to which such right is entitled and confirmed is for the purpose  
aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed  
266.0 acre feet per year, said waters to be diverted within the SESW Section 17, Twp 6S,  
Rge 31E in the County of Bingham

Description and location of place of use:

| Twp. | Range | Sec. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | Totals |
|------|-------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|      |       |      | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |        |
| 6S   | 31E   | 17   |        |        |        |        |        |        |        |        | 40     |        |        |        |        |        | 36     |        | 76     |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|      |       |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Total number of acres irrigated 76

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 the lands above.

**NOTE:** Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use herein described, as provided by the laws of Idaho.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this 28 day of  
September \_\_\_\_\_, 1981.

Director

DEPARTMENT OF WATER RESOURCES  
FIELD REPORT

1. Name of permit holder P.E. Eld & Sons Inc.

Post office address Rt 1, Box 228, Aberdeen Phone 507-4282

Person to contact \_\_\_\_\_ Phone \_\_\_\_\_

2. Source of water supply: Groundwater ☒ Surface water ☐ \_\_\_\_\_ (name spring, stream, etc.)  
Tributary to \_\_\_\_\_

3. Water will be used for the following purposes:

\*Amount 1.10 c.f.s. for irrigation  
 \_\_\_\_\_ AF/Annum (nature of use)

Period of Use: from 12/1 to 12/31  
(mo.-day) inclusive (mo.-day)

Amount \_\_\_\_\_ c.f.s. for \_\_\_\_\_  
 \_\_\_\_\_ AF/Annum (nature of use) AUG

Period of Use: from \_\_\_\_\_ to \_\_\_\_\_  
(mo.-day) inclusive (mo.-day)

Amount \_\_\_\_\_ c.f.s. for \_\_\_\_\_  
\_\_\_\_\_ AF/Annum (nature of use)

Period of Use: from  to   
(mo.-day) inclusive (mo.-day)

**Other uses:**

4. Total amount to be appropriated:

Max Rate of Diversion 1.6 cubic feet per second and annual volume \_\_\_\_\_ AF/Annum.

5. Location of Point(s) of Diversion:

Township 16S N/S, Range 71E E/W, B.M., Section 17, Subdivision SW 1/4, SW 1/4, NE 1/4

Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W, B.M., Section \_\_\_\_\_, Subdivision \_\_\_\_\_ 1/4 1/4 County \_\_\_\_\_

Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W, B.M., Section \_\_\_\_\_ Subdivision \_\_\_\_\_ 1/4 1/4 County \_\_\_\_\_

Other Points of Diversions: \_\_\_\_\_

Description of diverting works: 15" x 8" pump, main lines  
(to 140 meter)

Measuring device required: yes ☒ no ☐

6. Lands to be irrigated or place of use.

[illegible]TOTAL ACREAGE 80

Ref 31E

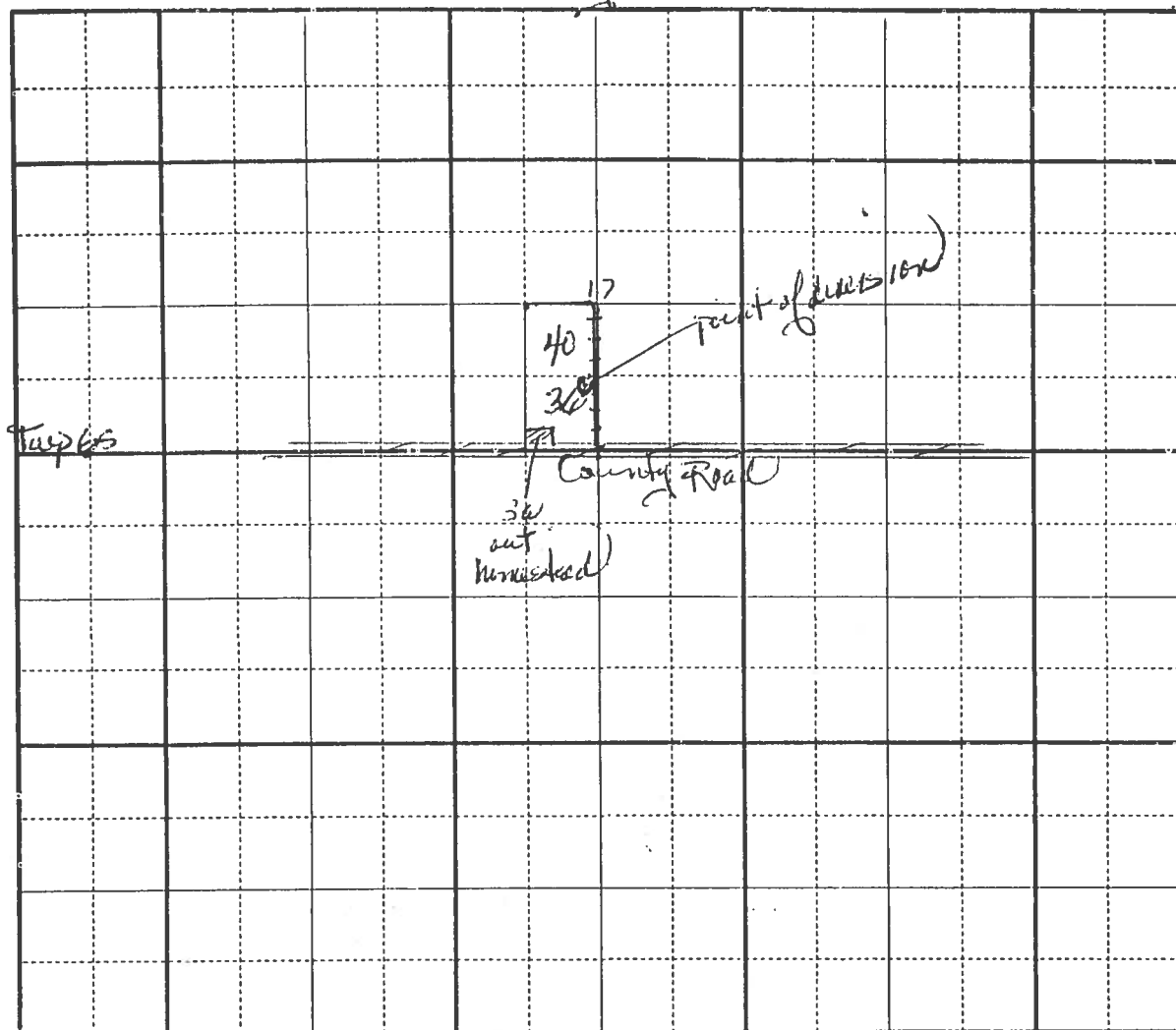
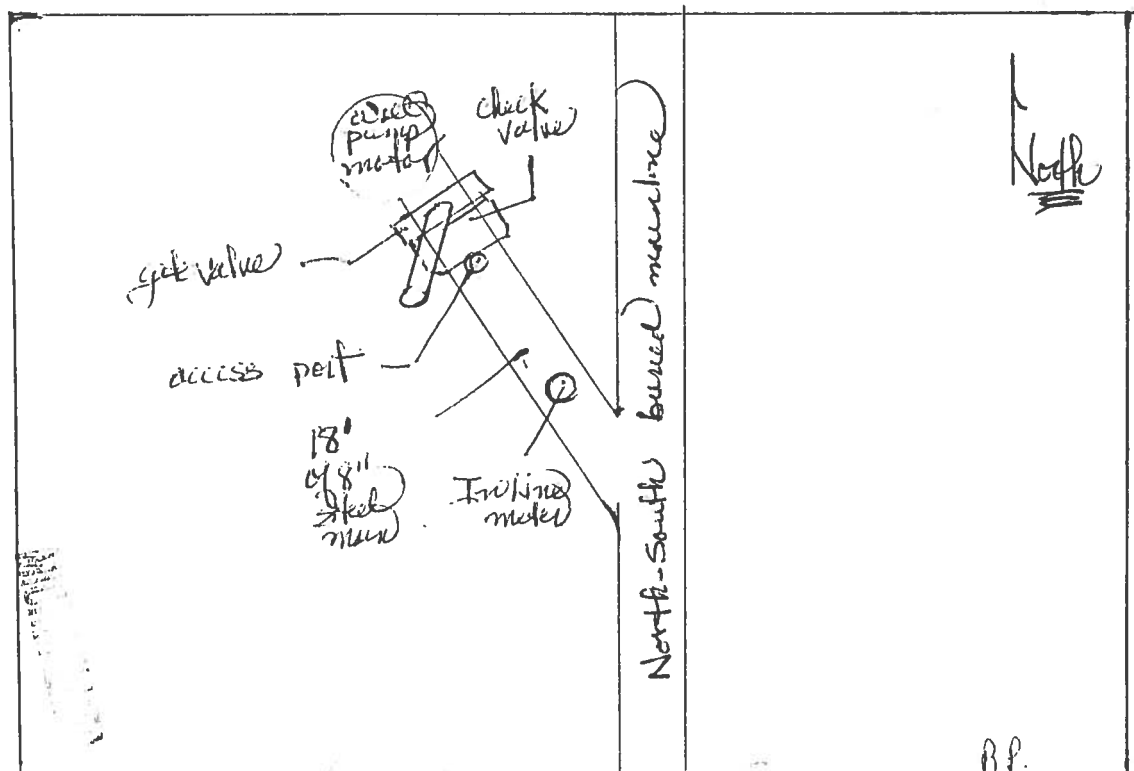


Diagram of System



DATE OF EXAM 20th day of June, 1979

## ACREAGE

Found 76.2 ✓  
Recommended 76.2 ✓Irrigation Requirement 3.5 Ac Ft/Ac

## USE

Irrigation Q = 1.11 c.f.s. V = 266 AF/Ann. from April 1 to Oct 31.  
Domestic Q = \_\_\_\_\_ c.f.s. V = \_\_\_\_\_ AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_  
Livestock Q = \_\_\_\_\_ c.f.s. V = \_\_\_\_\_ AF/Ann. from \_\_\_\_\_ to \_\_\_\_\_Is water co-mingled? yes \_\_\_\_\_ no XName source: n/a  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_Exchange? yes \_\_\_\_\_ no XName source exchanged with: n/a  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_Point of injection: n/a  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_Point of exchange: n/a  
twp. \_\_\_\_\_ N/S, Rge \_\_\_\_\_ E/W, B.M., Sec. \_\_\_\_\_, Sub. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_Total Q measured 1.11 cfs Method of measurement In-line flow meterTotal Q recommended 1.11 cfs Meter No. 78-8-3282 Type Id. Meter Condition Std.Total V recommended 266 AF/yr

## Recommended Amendments:

P.D. \_\_\_\_\_  
Place of Use \_\_\_\_\_  
Other \_\_\_\_\_  
None

## MEASUREMENT CALCULATION:

measured CHT in 394 sec;  $135.6 \text{ cu ft} \div 394 \text{ sec} = 1.11 \text{ cfs}$   
Volume = 76.2  $\times$  3.5 AF/yr = 266.7 AF/yr  $< 1.4835 \times 213.495 \times 1.11 \text{ cfs}$   
= 468.675 AF/yr

## SYSTEM DESCRIPTION:

Ex conductivity is divided by a 401-P. 3pk General Electric  
field induction vertical pump meter and by a Berkley vertical  
turbine pump 2/11 = 3125979. Acres irrigated by 3-1/4  
in lateral wheel line sprinklers.

## REMARKS:

Engineer's Signature

Edward A. ParkerDate Nov 24, 1979

Checked by

John D. CarlsonDate 4/2/80

Approved by

JohnDate 8/31/81No Overlapping rights