

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 A35-07627
Date Received 5-12-89
Receipt Number E007350

NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Robert E. or Jane Verlene Mann Phone (208) 397-4539

Mailing Address 2556 W. 1400 S. Aberdeen, Ida Zip 83210

2. Date of Priority (Only one (1) per claim) July 26, 1976

3. Source of water supply (a) Under ground
which is tributary to (b) _____

4. a. Location of existing point of diversion is: Township 55 Range 31 E Section 11, TWP;
SW 1/4 of SW 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of Bingham

Additional points of diversion if any: _____

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

Township 55 Range 31 E Section 11, TWP, SW 1/4 of SW 1/4 of _____

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

ending point is: Township _____ Range _____ Section _____, _____ 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.

Irrigation Well 16" casing
149' deep w/ 100 hp. Turbin pump w/ 70' of collem. water
175 Acres of farm ground w/ main line which includes 25 Acres
in T5S Range 31E NE NW less 10 Acres south of Aberdeen
Springfield canal

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DEC 10 1992

A3507627



6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 4-1 to 11-1 amount 3.06 or 612.5

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 3.06 (cfs) and/or (b) 612.5 (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	
55	31E	11									40	39	38	34					151
		14					24												24

Total number of acres irrigated 175

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

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.

200 shares of Aberdeen Springfield canal water or None ()

14. Remarks:

I have a 40 H.P. pump + a 15 H.P. pump that pumps out of ABDN SPR canal into the same main line AS the 100 H.P. pump on the well, but are not operated all at the same time

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Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

Scale: 2 inches equals 1 mile

[illegible]

DEC 10 1992

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License _____ Permit X
Decree _____
If applicable provide IDWR Water Right Number 35-7627
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) Robert E. Gnan Date 5-12-89

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 Bonneville) SS.

Subscribed and sworn (or affirmed) before me this 12th day of May 19 89

SEAL

Notary Public Betty J. Thompson

Residing at BETTY J. THOMPSON, NOTARY PUBLIC

My Commission Expires RESIDING AT IDAHO FALLS, IDAHO
MY COMMISSION EXPIRES: 6-30-94

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 _____

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DEC 10 1992

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant

4/11/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME

Robert Mann

CLAIM IDENT. NO.

A35-07627

DATE RECEIVED

5-12-89

CK #

AMOUNT \$

YES NO Required Info?

1. Is the name and address complete with zip code? ☒ YES ☐ NO *
2. Is a priority date entered? ☒ YES ☐ NO *
- Is the priority date acceptable in view of mandatory filing dates?
See Adjudication Memos #1 and #4 to determine if a Permit is required. ☒ YES ☐ NO *
3. (a) Is a source entered? ☒ YES ☐ NO *
- (b) Is a tributary to entered? (if required) ☒ YES ☐ NO N/A *
4. Is the legal description of the p.d. sufficient? ☒ YES ☐ NO *
5. Is there a description of the diverting works? ☒ YES ☐ NO *
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. ☒ YES ☐ NO *
- Is the period of use included? ☒ YES ☐ NO *
- Is a quantity claimed for each use? ☒ YES ☐ NO *
7. Is a total quantity claimed entered? ☒ YES ☐ NO *
8. If required is a consumptive use entered? ☒ YES ☐ NO N/A *
- Is the consumptive use correct? ☒ YES ☐ NO N/A *
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. ☒ YES ☐ NO N/A *
10. Is (are) the place(s) of use and purpose(s) indicated? ☒ YES ☐ NO *
11. Is (are) the county(ies) entered? ☒ YES ☐ NO *
12. Is the ownership of p.u. checked? ☒ YES ☐ NO *
13. Are other water rights listed or "none" indicated? ☒ YES ☐ NO *
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) ☒ YES ☐ NO N/A *
15. Is the basis of the claim indicated? ☒ YES ☐ NO *
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) ☒ YES ☐ NO N/A *
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☒ YES ☐ NO *
18. Has the claim been signed, sealed, and dated by a notary? ☒ YES ☐ NO *
19. Was this claim filed on time, or was an extension granted? ☒ YES ☐ NO *
20. Is the fee enclosed correct? ☒ YES ☐ NO Exempt *
21. If this claim is based on an existing water right, has the identification number been entered? ☒ YES ☐ NO N/A *
22. Should this claim be data entered? ☒ YES ☐ NO *

Claim checked by: SA

Date: 6-26-89

Claim must be returned to claimant: ☐ (Yes) ☒ (No)

Claimant must be notified of modifications: ☐ (Yes) ☒ (No)

Receipt Prepared by: _____

Claim data entered by: _____

Sent to claimant by: _____

Date: _____

Date: _____

Date: _____

Checked by: _____

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Comments: _____

DEC 10 1992

WATER RIGHT LICENSE

THIS IS TO CERTIFY, that

and has submitted proof to the Department of Water Resources on June 5, 1981

established a right to use water as follows:

Irrigation from April 1	to November 1	at 3.06	cfs and	612.5 acre feet
-------------------------	---------------	---------	---------	-----------------

(both dates inclusive)

55, Rge. 31E
in the County of
Bingham

[illegible]

This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 3.5 afa per acre for the lands above.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this 2nd day of May 19 83

Acting for the Director

STATE OF IDAHO

Licensing

APR 11 1983

APPLICATION FOR AMENDMENT OF A PERMIT

WSPDA for Medical Orders

To change the point of diversion and/or the place of use.

Comes now

Robert E. Mann

Phone

of (address) _____ Route #1, Box 219, Aberdeen, ID 83210 _____, and represents to the

Director of the Idaho Department of Water Resources:

That he is the owner and holder of Permit to Appropriate the Public Waters of the State of Idaho

No. 35-7627, and requests that the permit and permit map be changed as follows:

1. Point of diversion: NO CHANGE $\frac{1}{4}$ $\frac{1}{4}$ Township , Range , B.M.,

County of _____, Other points of diversion: _____.

2. Period and nature of use: (irrigation, domestic, stockwatering, industrial, etc.)

Amount 3.06 for irrigation purposes from 4/1 to 11/1 (both dates inclusive)
(cfs or gpm) (cfs or gpm)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)

3. Place of use or land to be irrigated:

[illegible]

Total number of acres to be irrigated = 175

STATE OF IDAHO

Department of Water Resources

Boise, Idaho, Apr. 12, 1983

No. 26480

bling the

RECEIVED FROM Robert E. Mann of Abbeville
Twenty and no/100, 19 83

CR 426 93-145/124/ DOLLARS \$27.00

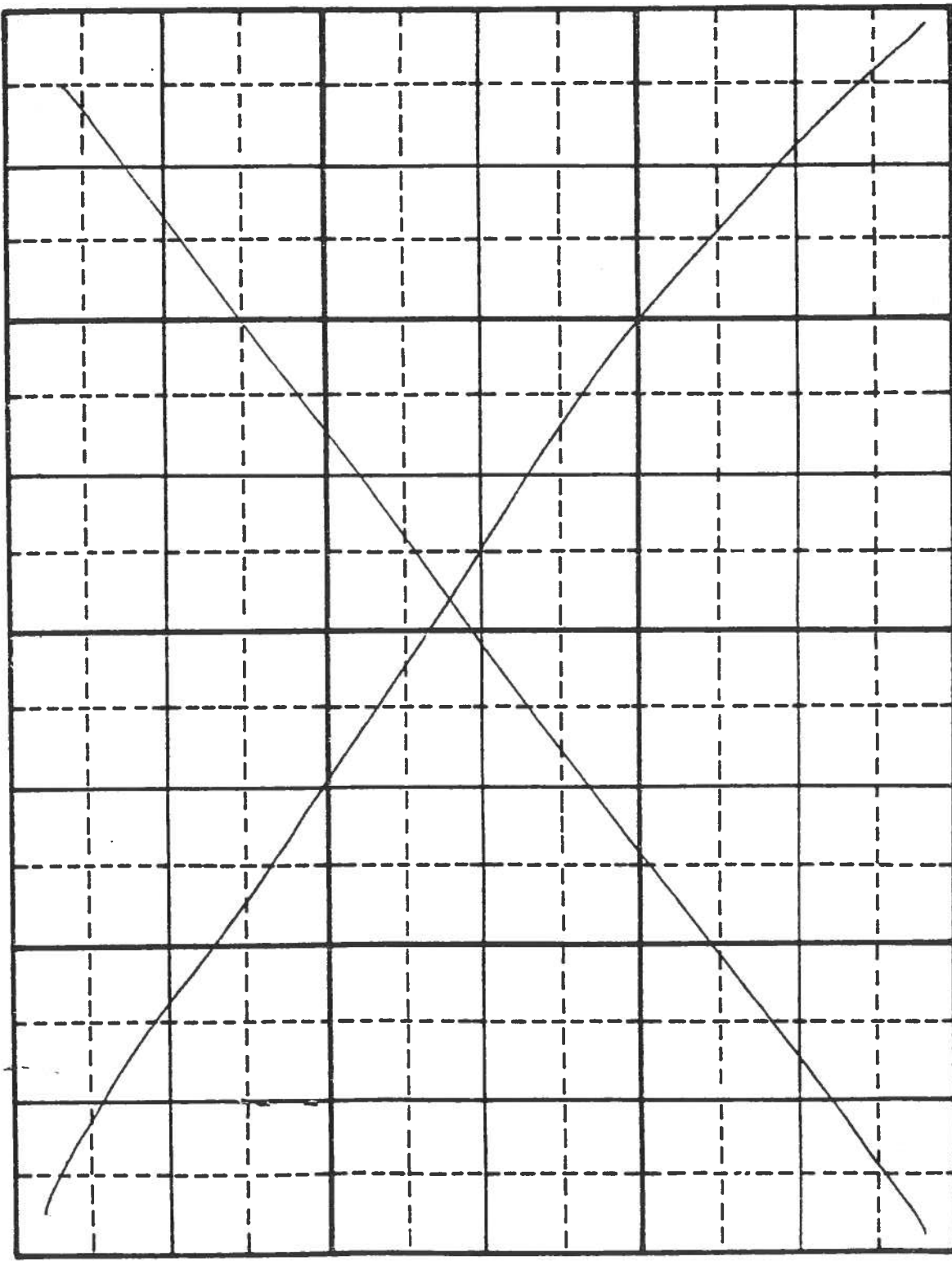
Li. C.

357627

70

Complete the following map by showing land and point of diversion as proposed by this amendment.

Show 40-acre subdivisions, townships, ranges and ditches.



Scale: 2 inches equal 1 mile.

That no one will be injured by such change, and that such change will be made at permit holder's own risk.

Signed at Aberdeen Fork, this 8 day of April, 19 83.

Robert E. Mann
(Signature)

FOR DEPARTMENT USE ONLY

Preliminary check by RA Fee = \$20.00 Received by ag Date 4-12-83 # 26480

Publication prepared by RA Date _____ Published in _____

Publication dates _____

ACTION OF THE DEPARTMENT OF WATER RESOURCES

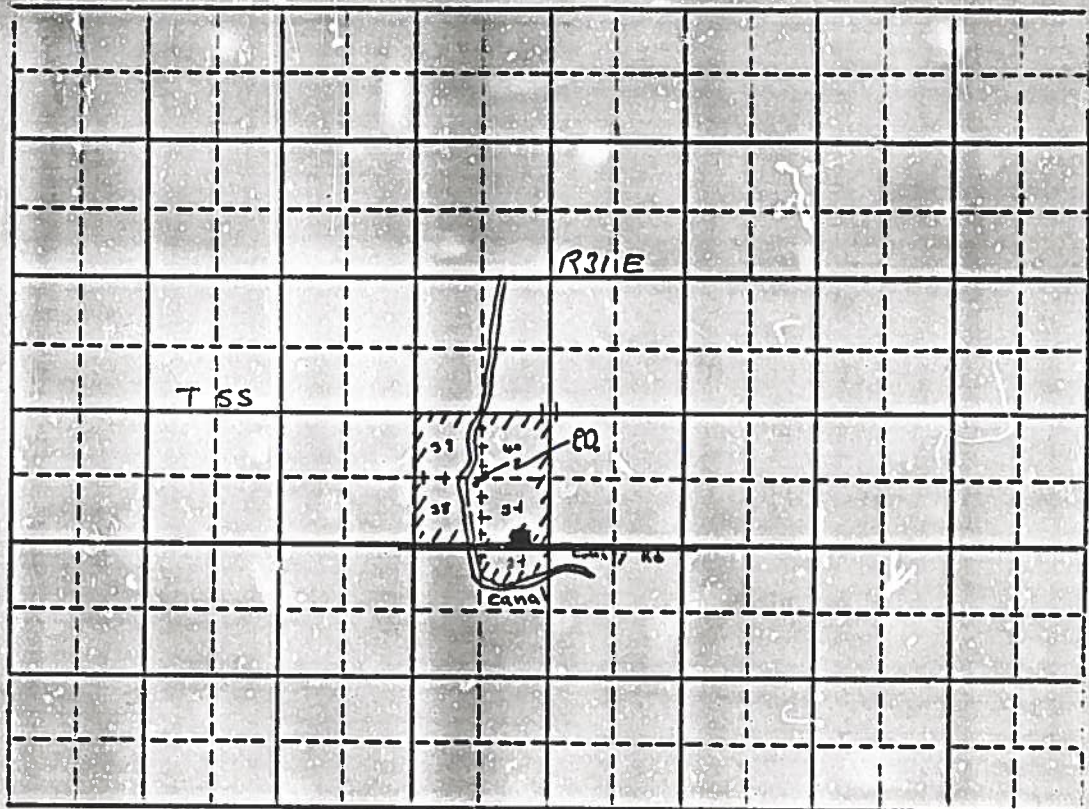
I, A. KENNETH DUNN, of the Department of Water Resources hereby

APPROVE the above Application for Amendment of Permit No. 35-7627.

Witness my hand this 2nd day of May, 19 83.

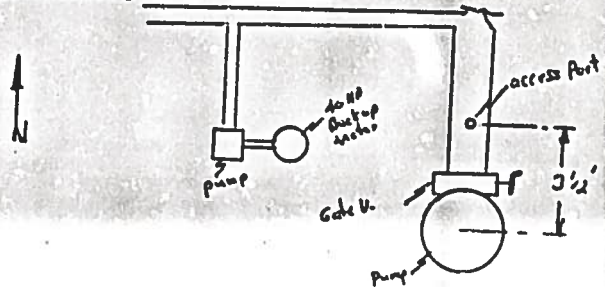
Norman C. Young
Acting for the Director

MAP (Attach Aerial Photo)



SCHEMATIC DIAGRAM OF SYSTEM

(Include distance from pump to measuring device, if applicable.)



Point(s) of diversion: SW 1/4 of SW 1/4 SECTION 11 T 5S R 31E

Place(s) of Use

TWP.	RGE.	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	
5S	31E	11									40	39	38	34					151
		14					(24)												24

Of water identified on Bench

Total 175

Recommended Amendments:

☐ Change P.D. as reflected above

☐ Add P.D. as reflected above

☐ None

☐ Change P.U. as reflected above

☒ Add P.U. as reflected above

☐ Other

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Examiner's Signature

D. W. Jones

Date 7-4-81

DEC 10 1992

Checked by

[Signature]

Date 12-4-81

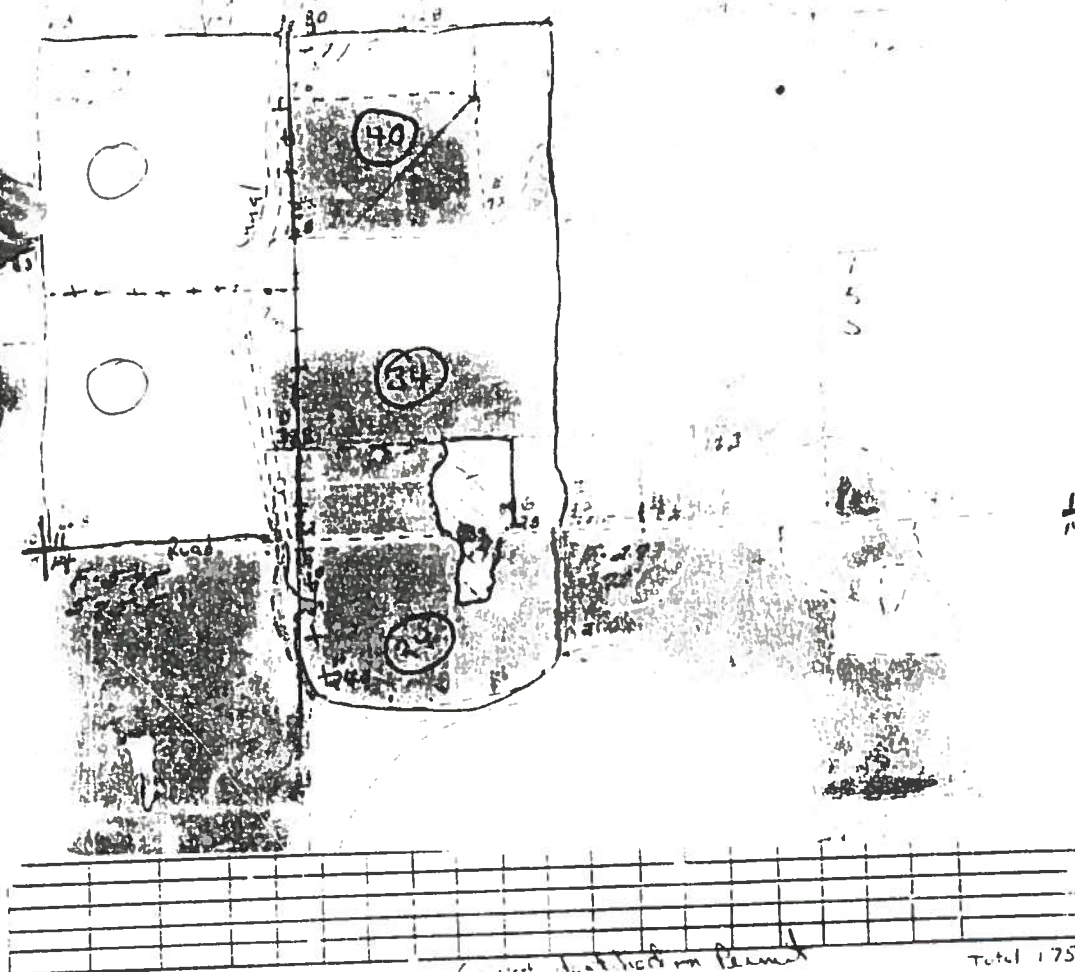
Approved by

[Signature]

Date 3-2-83

#65
12-9-81

R31E



Recommended Amendments:

1. Change P.D. 100 to 1000

2. Add P.D. 1000 to 1000

3. Change

4. Change P.D. 1000 to 1000

5. Add P.D. 1000 to 1000

6. Change

Examiner's Signature

R.C. Jones

Owner's Signature

J. Jones

Date 12-9-81

Date 12-9-81

Date 12-9-81

MICROFILMED
DEC 10 1992Measured by:
Owner:

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: A35-07627
Date Received: 5/12/1989
Receipt No: E007350
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ROBERT E. MANN 208-397-4539
Address: 2556 W 1400 S
ABERDEEN, ID 83210

OR
Name: JANE VERLENE MANN 208-397-4539
Address: 2556 W 1400 S
ABERDEEN, ID 83210

2. Date of Priority: JUL 25, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
05S	31E	11	SW	SW			BINGHAM

5. Description of diverting works:
16" CASING, 149' DEEP W/100 HP TURB PUMP W/ 70' OF COLLEM

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	3.060		612.50

7. Total Quantity Appropriated is:
3.060 C.F.S. (and/or) 612.50 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

A35-07627

Page 1

Date: 06/27/89

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
05S	31E	11	NE	SW		IRR	40.0
			NW	SW		IRR	39.0
			SW	SW		IRR	38.0
			SE	SW		IRR	34.0

Section Acres 151.0

14 NE NW IRR

Total Acres 151.0

24.0 DE 4/3/91 SC

175 DE 4/3/91 SC

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:

200 SHARES OF ABERDEEN SPRINGFIELD CANAL WATER

14. Remarks:

15. Basis of Claim: PERMIT

Water Right Number: 357627

16. Signature(s)

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

Number of attachments: _____

For Individuals:

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

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

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

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

EXPENDITURE VOUCHER

AUDITOR USE

STATE OF IDAHO
Office of State Auditor

AGENCY USE

Date	5417
Code	03/25/92
	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

PAY

TO

ROBERT E MANN
2556 W 1400 S
ABERDEEN, ID 83210

CHECK ONE:

() MISCELLANEOUS EXPENDITURE
() STATE CONTRACT

MAR 30 1992

() Department of Water Resources
() PURCHASE ORDER Eastern District Office

() 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	6831		REFUNDS PER D SHAFF 3/12/92 170.00 WR#A3507627 REC. #E007350	170.00	
TOTAL						170.00	

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.

DEC 10 1992

Date

Head of Agency or Institution

State Auditor

OVERLAP.

$$\frac{24}{170}$$

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DEC 10 1992

Idaho Department Of Water Resources
Detail Receipt Summary Screen

Date: 02/18/92
Time: 10:41:22

Rec/No - E007350 AR/No -
From: - MANN, ROBERT E.

Receipt Type - CK Doc/No - 191
Remarks -

MOST CURRENT RECEIPT

Receipt Date: 05/12/1989

Type Of Payment	Program	Acct	Class	Fee
ADJUDICATION FEE	410162	9337	6490	275.00

Total Due - 275.00

WR/No	WR Fee	WR/No	WR Fee	WR/No	WR Fee
A3507627	~~225.00~~ 55	A3511122	25.00	A3511123	25.00

(ENTER=CONTINUE)

(GOLD7=SELECTION SCREEN)

(GOLD8=CANCEL)

#	P.O.U.	Overlap w/ AD-0002370/21	CORRECT Fee	REFUND
A35-07627	175 AC	170 AC	55 ⁰⁰	170 ⁰⁰

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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 20, 1992*

*ROBERT E MADD
2556 W 1400 S
ABERDEEN ID 83210*

RE: REFUND

Dear *Robert*:

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:

170 acres on R35-07627

Therefore, the Refund Request is for \$*170⁰⁰*, paid under receipt *E007350*. 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

Ernest Carlsen
Adjudication Supervisor

EC:jt

cc: Aberdeen-Springfield Canal Company

File: To Claim

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DEC 10 1992

E-007350

REFUND REQUEST

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

Feb 18, 1992

RE: Payor Robert E Mann
Address 2556 W 1400 S
Aberdeen ID 83210

RECEIVED

FEB 24 1992

Claimant if NOT Payor Robert or Jane Verlene Mann
Refund Amount \$ 170.00 ✓ 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 telecom
Refund Category Double payment of variable fee
Date of Last Correspondence (copy attached) 2-20-92

Claim No.	Use	Fees Paid	Correct Fee	Rec't #
<u>A35-07627</u>	<u>01</u>	<u>\$ 225.00</u>	<u>55.00</u>	<u>E007350</u>

Detailed Reason(s) for Refund Attached Y/N

Region Adj. Supervisor Approval EMC John Carlson Approval
Don Shaff Approval 3-12-92 Hold To Fiscal 03-12-92
Not Refunded as of 3-4-92 Logged 02-25-92
Data Base Modified? Y/N (NA) By S. Mann Date 02-25-92

Claimant paid assessment to Aberdeen Springfield Canal Co for land served by canal and then also paid variable fee for P.O.U. on A35-07627. Subsequently Canal Co. paid variable fee for P.O.U. on A01-0002670 and A01-0002321 under receipt E014259. Comparison of the P.O.U. for these claims reveals an overlap of 175 acres. Therefore the claimant is requesting a ~~ref~~ refund of \$170.00 paid under receipt E007350.

of 7 EWC sent ltr.

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DEC 10 1992

November 20, 1998

**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: December 18, 1998

Water right number: 35-07627

JANE VERLENE MANN
ROBERT E MANN
2556 W 1400 S
ABERDEEN ID 83210

Daytime Telephone Number: 208-397-4539
Evening Telephone Number:

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

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

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

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

DATE: 12-9-98 SIGNATURE: Jane Verlene Mann
Please print your name: Robert E. Mann, Jane Verlene Mann

IDWR Eastern Regional Office, 900 N. Skyline Drive, Suite A, Idaho Falls, ID 83402-1718, (208) 525-7161

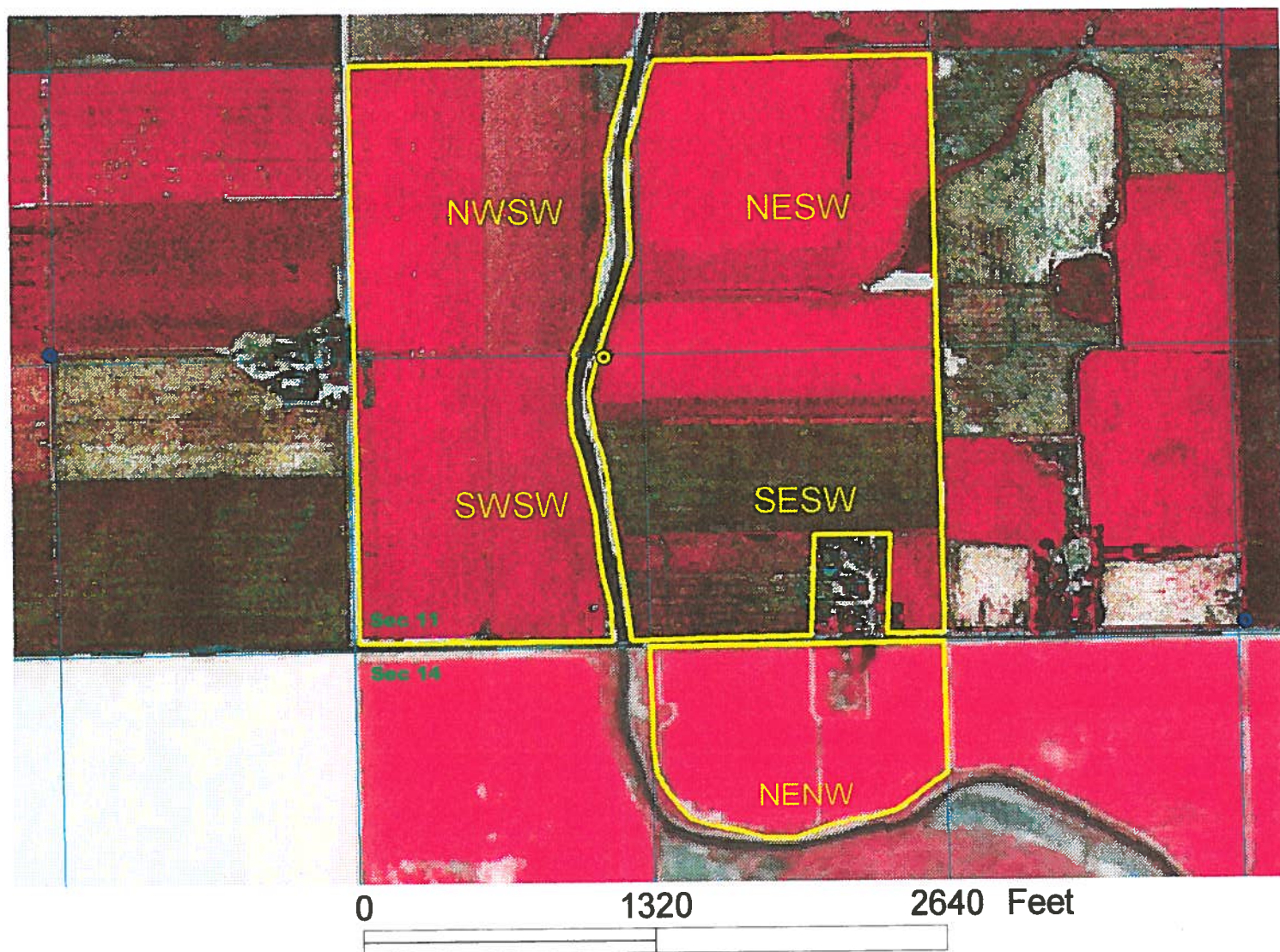
6

IDAHO DEPARTMENT OF WATER RESOURCES

ROBERT & JANE VERLENE MANN

Water Right No(s).

35-07627



Point of Diversion
Location



Place of Use
Boundary

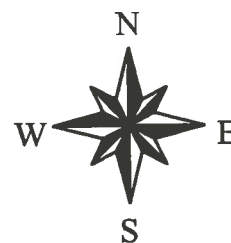


Section Lines



Quarter/Quarter Lines

Township(s) 05S, Range(s) 31E
Section(s) 11 & 14



GIS Place of Use Illustration
1987/1988 NAPP Photography
Prepared by: Greg Taylor
Date: Oct. 2, 1998

DATE: 10/02/98
PAGE: 1

Water Source: GROUNDWATER	Tributary to:	Stage: LICENSE
---------------------------	---------------	----------------

Place of use legal Description for: IRRIGATION

POU County: BINGHAM

Other Rights: 200 SHARES ABERDEEN SPRINGFIELD CANAL

Conditions of Approval:

E02 - USE OF THIS RIGHT IS COMBINED WITH WATER FROM
- ABERDEEN SPRINGFIELD CANAL CO.

Dates: **Exam Made Date:** 11/12/1992 **Verified Date:** **Objection Filed Date:**

Misc:	Water District Number:	Field Inspection Flag:
		Presumption Flag:

PAGE: 1
GENERAL INFORMATION

CLAIM NUMBER: A35-37627

LAST: MANN FIRST: ROBERT E.
ADDRESS: 2556 W 1400 S
CITY: ABERDEEN STATE: ID ZIP: 83210
PHONE NUMBER: 208-397-4539

OWNER CODE: C

LAST: MANN FIRST: JANE VERLENE
ADDRESS: 2556 W 1400 S
CITY: ABERDEEN STATE: ID ZIP: 83210
PHONE NUMBER: 208-397-4539

OWNER CODE: C

FIELD EXAM REQUIRED?

FIELD
DATABASE EXAMINER
N

VERIFICATION REQUIRED DUE TO REMARKS?

NO REMARKS IN CLAIM

CONTACT PERSON: _____

PHONE NUMBER: (____) ____-____

DATE OF FIELD EXAM: 11/12/92

APPOINTMENT MADE: Y(____) N(☒)

TIME: ____:____ A(____) P(____)

ACCOMPANIED BY: _____

PHONE NUMBER: (____) ____-____

RELATIONSHIP TO CLAIMANT: _____

DIRECTIONS TO PROPERTY / REMARKS:

Office Review

A. AJ CLAIM: # A35-07627 PRIORITY DATE: 07-25-1976 7-26-1976 STAGE: P L
B. WR RECORD: # 35-07627 PRIORITY DATE: 07-26-1976 STAGE: L

C. FIELD EXAM REQUIRED?

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

ARE THERE OBVIOUS REASONS TO QUESTION THE PRIORITY DATE CLAIMED? Y() N()

REMARKS:

~~XXXXXXXXXX~~

7-26-1976

RECOMMENDED PRIORITY DATE:

REVIEWED BY

DA

DATE

11/12/92

A. AJ CLAIM POINT OF DIVERSION AND SOURCE:

RIGHT	TWP.	RGE.	SEC.	1/4	1/4	1/4	LOT	CNTY
A35-07627	05S	31E	11	<i>N/E</i>	SW	SW		BINGHAM

OTHER AJ CLAIMS WITH SAME AJ POD
A PREFIX R PREFIX
A35-11123 NONE
MR RECORDS IN SAME 40 ACRE TRACT
NONE

SOURCE: GROUNDWATER

TRIB:

B. MR POINT OF DIVERSION AND SOURCE:

RIGHT	TWP.	RGE.	SEC.	1/4	1/4	1/4	LOT	CNTY
35-07627	05S	31E	11		SW	SW		BINGHAM

OTHER MR RECORDS WITH SAME MR POD
AJ CLAIMS IN SAME 40 ACRE TRACT
A PREFIX R PREFIX
NONE A35-11123 NONE

SOURCE: GROUNDWATER

TRIB:

C. FIELD EXAM REQUIRED?

DUE TO POD DISCREPANCY?	(Y/N)	DATABASE	FIELD EXAMINER
DUE TO SOURCE DISCREPANCY?	(Y/N)	Y	
	N		

REMARKS:

F03 SW 1/4 sec 11
POD isot

COUNTY

1

A. ROOT WATER RIGHT NUMBERS: A35-07627

3. POU LISTING

TWP	RNG	SEC	1/4	1/4	LOT	NAME	AJ #/ACRES	NR #/ACRES	LANDSAT DATA	FIELD EXAM.	RECOMM. ACRES
055	31E	11	NE	SM		MANN, ROBERT E.	A35-07627 /40.0	35-07627	/40.0		37.0
			NE	SM		LING, ROGER D.	A01-0206460/38.0	-	/		40
			NE	SM		LING, ROGER D.	A01-0029720/38.0	-	/		
			NE	SM		LING, ROGER D.	A01-0002320/38.0	-	/		
			NE	SM		LING, ROGER D.	A35-0254320/38.0	-	/		
			NE	SM		ABERDEEN SPRINGFIELD CANAL	A35-0424620/38.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206860/38.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206980/38.0	-	/		
055	31E	11	NE	SM		MANN, ROBERT E.	A35-07627 /39.0	35-07627	/39.0		42.0
			NE	SM		LING, ROGER D.	A01-0206460/37.0	-	/		39.0
			NE	SM		LING, ROGER D.	A01-0029720/37.0	-	/		
			NE	SM		LING, ROGER D.	A01-0002320/37.0	-	/		
			NE	SM		LING, ROGER D.	A35-0254320/37.0	-	/		
			NE	SM		ABERDEEN SPRINGFIELD CANAL	A35-0424620/37.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206860/37.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206980/37.0	-	/		
055	31E	11	NE	SM		MANN, ROBERT E.	A35-07627 /38.0	35-07627	/38.0		41.0
			NE	SM		LING, ROGER D.	A01-0206460/37.0	-	/		38.0
			NE	SM		LING, ROGER D.	A01-0029720/37.0	-	/		
			NE	SM		LING, ROGER D.	A01-0002320/37.0	-	/		
			NE	SM		LING, ROGER D.	A35-0254320/37.0	-	/		
			NE	SM		ABERDEEN SPRINGFIELD CANAL	A35-0424620/37.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206860/37.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206980/37.0	-	/		
055	31E	11	NE	SM		MANN, ROBERT E.	A35-07627 /34.0	35-07627	/34.0		34.0
			NE	SM		LING, ROGER D.	A01-0206460/35.0	-	/		34
			NE	SM		LING, ROGER D.	A01-0029720/35.0	-	/		
			NE	SM		LING, ROGER D.	A01-0002320/35.0	-	/		
			NE	SM		LING, ROGER D.	A35-0254320/35.0	-	/		
			NE	SM		ABERDEEN SPRINGFIELD CANAL	A35-0424620/35.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206860/35.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206980/35.0	-	/		
055	31E	14	NE	SM		MANN, ROBERT E.	A35-07627 /24.0	35-07627	/24.0		42.0
			NE	SM		BECK, BRUCE JAY	A35-11122 /	-	/		24.0
			NE	SM		LING, ROGER D.	A01-0206460/30.0	-	/		
			NE	SM		LING, ROGER D.	A01-0029720/30.0	-	/		
			NE	SM		LING, ROGER D.	A01-0002320/30.0	-	/		
			NE	SM		LING, ROGER D.	A35-0254320/30.0	-	/		
			NE	SM		ABERDEEN SPRINGFIELD CANAL	A35-0424620/30.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206860/30.0	-	/		
			NE	SM		LING, ROGER D.	A01-0206980/30.0	-	/		
TOTAL ACRES							A35-07627	175.00	175.00	196.00	

ARE IRRIGATED ACRES FOUND IN TRACTS OTHER THAN INDICATED ABOVE, Y () N (X)

IF YES SEE ATTACHED SHEET:

C. FIELD EXAM REQUIRED?

DUE TO POU DISCREPANCY? (Y/N)

FIELD EXAMINER
DATABASE Y

PRESUMPTION FLAG:

REMARKS:

RECOMMENDATIONS:

TOTAL ACRES:

175

REVIEWED BY:

[Signature]

DATE:

11/2/92

A. AJ CLAIMED USES:

PURPOSES
A35-07627 IRRIGATION

MONTH/DATE
FROM 04-01 TO 11-01

DIVERSION QUANTITY
3.060 CFS 612.50 AF/A

TOTAL DIVERSION RATE/VOLUME CLAIMED

3.060 CFS 612.50 AF/A

B. NR RECORDED USES:

PURPOSES
35-07627 IRRIGATION

MONTH/DAY
FROM 04-01 TO 11-01

DIVERSION QUANTITY
3.060 CFS 612.50 AF/A

TOTAL DIVERSION RATE/VOLUME CLAIMED

3.060 CFS 612.50 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)

DAYBASE EXAMINER
N N N
N N N

D. PERIOD OF USE:

RECOMMEND AS CLAIMED?

RECOMMEND TO NR STANDARDS OR OTHER?

REMARKS:

Y() N()
Y(X) N()
EXPLAIN IN REMARKS, BELOW.

A. DOES DIVERSION RATE CLAIMED AGREE WITH EXISTING RECORDS?

AD TOTAL CLAIMED DIVERSION RATE: 3.060 CFS
WR 3001 RIGHT TOTAL DIVERSION RATE: 3.060 CFS

Y (X) N ()

*** 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?

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

B. FLOW MEASUREMENT
MEASUREMENT METHOD SEE ATTACHED CALCULATIONS.

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

OTHER RIGHTS LISTED IN CLAIM: 200 SHARES OF ABERDEEN SPRINGFIELD CANAL WATER

LIST ALL RIGHTS WITH A SAME POU AND IRRIGATION USAGE:

CLAIM	SOURCE	NAME	DIV. RATE	DIV. RATE/ACRE	DIV. VOL.	DIV. VOL./ACRE
A35-07627	GROUNDWATER	MAVN, ROBERT E.	3.060	0.017	612.50	3.50
A01-020646D	SNAKE RIVER	LING, ROGER D.			57133.00	1.61
A01-000232D	SNAKE RIVER	LING, ROGER D.	1250.000	0.035		
A35-025432D	GROUNDWATER	LING, ROGER D.	6.000			
A35-042462D	GROUNDWATER	ABERDEEN SPRINGFIELD CANAL CO.	2.440			
A01-020386D	SNAKE RIVER	LING, ROGER D.			129940.00	3.66
A01-020386D	SNAKE RIVER	LING, ROGER D.			22860.00	0.64
A35-07497	GROUNDWATER	BECK, BRUCE JAY	5.000	0.019		

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

CLAIM NO.	PURPOSES	NAME	MONTH/DAY	RATE	VOLUME
A35-11123	DOMESTIC	MAVN, JANE VERLENE	FROM 01-01 TO 12-31	.040 CFS	
A35-11122	DOMESTIC	MAVN, ROBERT E.	FROM 01-01 TO 12-31	.040 CFS	

D. RATE/VOLUME CALCULATIONS: (IRRIGATION)

1A. IRRIGATION RATE _____ CFS 1B. CALCULATIONS

ACRES _____ X 0.02 CFS/ACRE = _____
(TAKEN FROM P/U REVIEW)

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

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

2. IRRIGATION CONSUMPTIVE USE

CLAIMED CONSUMPTIVE USE = _____ AF/A

ACRES 175 X CONSUMPTIVE VOL. AF/A FOR AREA 3 = _____

TOTAL CONSUMPTIVE USE 525 AF/A

3. IRRIGATION DIVERSION VOLUME

CLAIMED DIVERSION VOLUME = _____ 612.50 AF/A

ACRES 175 X DIVERSION VOL. AF/A FOR AREA 4 = _____

TOTAL DIVERSION VOLUME 700 AF/A

4. CALCULATIONS FOR USES OTHER THAN IRRIGATION:

SEE ATTACHED SHEET? Y() N()

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

RECOMMENDATIONS:

REC. PURPOSES	REC. PERIOD FROM TO	REC. DIV RATE CFS	REC. DIV U/L. AF/A	REC. CONS. USE
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IRRIGATION	04-01	11-01	5.050	5.050	0.0
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0731

5.050

0.0

225

5.050

200

DATE: 11/12/92

REVIEWED BY: [Signature]

A. CHECK ONLY THE FOLLOWING THAT APPLY:

OWNERSHIP _____
FORFEIT/ABANDON _____
ADDITIONAL DIV. AMOUNT _____

ACCEPTED
AS CLAIMED
()
()
()
()

NEEDS
REVIEW
()
()
()
()

B. SPLIT WATER RIGHT REVIEW

ROOT WATER RIGHT NUMBER: 35-07627

TOTAL DIVERSION RATE OF WR SPLITS

DATABASE
3.060

EXAMINER

CFS

SPLITS:

OLD RIGHT
NUMBERS

CURRENT
CLAIM NUMBERS

DIVERSION
RATE

CURRENT "R"
CLAIM NUM.

"R" DIV.
RATE

WR RIGHT
NUMBERS

DIVERSION
RATE

- A35-07627

3.060

-

35-07627

3.060

TOTAL CFS

3.060

3.060

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

REMARKS:

AUTHENTICATION:

SIGNATURE:

NAME OF FIELD EXAMINER:

DATE:

TITLE:

[Signature]
[Signature]

11/12/92

WR

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

13:56:42
10/25/91

PAGE: 13
QUICKLOOK INFORMATION

CLAIM NUMBER: A35-07627

WR ELEMENT	FIELD EXAM Y/N	CORRESPONDENCE SENT/RECEIVED BY WHOM/DATE	FIELD EXAM BY WHOM/DATE	CHANGE CLAIM Y/N	VERIFIED BY CODE	COMPLETED REVIEW WHOM/DATE	COMPLETED DATA ENTRY WHOM/DATE	VERIFIED DATE WHOM/DATE
PRIORITY DATE	Y		10/11/92	yes				
POINT OF DIV	Y			yes				
SOURCE								
PLACE OF USE	Y			No				
DIV. AMOUNT CFS/VOLUME								
CONSUMPTIVE USE	-							
PURPOSES								
PERIOD OF USE								
BASIS OF CLAIM				yes				
REMARKS								

VERIFIED BY CODES

TOPO MAP/DRTHO-PQ = 1
 ASCS MAP = 2
 MASTERMASTER RECORDS = 3
 MAP PROTDs = 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.