

10621

AJ5856NP

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DATE: SEP-12-1997
PAGE: A-33

RIGHT NUMBER: 43-10621

NAME & ADDRESS: NELDA MONTGOMERY
PARLEY YALE MONTGOMERY
PO BOX HC 72-2428
MALTA ID 83342

SOURCE: SPRING TRIBUTARY: SINKS

QUANTITY: 0.04 CFS

PRIORITY DATE: 10/20/1968

LOCATION OF INSTREAM FLOW: T16S R26E S28 Within CASSIA County

PURPOSE AND PERIOD OF USE: STOCKWATER
PURPOSE OF USE: STOCKWATER
PERIOD OF USE: 01-01 12-31
QUANTITY: 0.04 CFS

PLACE OF USE: STOCKWATER Within CASSIA County
T16S R26E S28 SWNW

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE
PARCEL NO. RP16S26E286000
STOCKWATER, 100 BEEF



IDaho DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

AJ5809NP
No. R43-10621

OWNER
CODE

NAME & ADDRESS

C NELDA MONTGOMERY
C ~~PARLEY WALE MONTGOMERY~~
PO BOX HC72-2428
MALTA ID 83342
(208) 827-5582

Water Source: SPRING

Tributary to: SINKS

Stage: BENEFICIAL USE

Point(s) of Diversion:

T16S R26F S28

Place of use Legal Description for: STOCKWATER

MS
MN[illegible]

per County: CASSIA

Non-Irrigation Uses: STOCKWATER, 100 BEEF

Other Rights: 1 MILE CREEK FROM 10-1 TO 4-1.

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):
A43-10127 A43-10621

Remarks: GEN PARCEL NO. RP16S26E286000

Dates: _____ Exam Made Date: _____

Verified Data

Misc: _____
Water District Number: _____

Field Inspection Flag:
Presumption Flag:

Audit:	04/21/92 SMITH	03/30/95 POST-STD
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
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334	335	336
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343	344	345
346	347	348
349	350	351
352	353	354
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358	359	360
361	362	363
364	365	366</

Objection Filed Date:

Dr. E. J. Smith
Sept 12-17

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT
(REGIONAL)

AJ0743NP
(00-124)

Old (D) Number -

prefix Translation:

Water Right Number - R43-10621

Product Name	First Name	Address
Product 1	John	123 Main St
Product 2	Jane	456 Elm St
Product 3	Bob	789 Oak St
Product 4	Alice	101 Pine St
Product 5	Charlie	202 Maple St
Product 6	Diana	303 Birch St
Product 7	Frank	404 Cedar St
Product 8	Grace	505 Spruce St
Product 9	Henry	606 Willow St
Product 10	Ivy	707 Ash St
Product 11	Jack	808 Hickory St
Product 12	Karen	909 Sycamore St
Product 13	Leo	1010 Dogwood St
Product 14	Mia	1111 Magnolia St
Product 15	Noah	1212 Redwood St
Product 16	Olivia	1313 Cypress St
Product 17	Peter	1414 Juniper St
Product 18	Quinn	1515 Fir St
Product 19	Rachel	1616 Hemlock St
Product 20	Sam	1717 Larch St
Product 21	Tina	1818 Locust St
Product 22	Uma	1919 Alder St
Product 23	Victor	2020 Basswood St
Product 24	Wendy	2121 Cottonwood St
Product 25	Xavier	2222 Elm St
Product 26	Yara	2323 Hickory St
Product 27	Zoe	2424 Maple St
Product 28	Adam	2525 Oak St
Product 29	Eve	2626 Pine St
Product 30	Frank	2727 Spruce St
Product 31	Grace	2828 Willow St
Product 32	Henry	2929 Ash St
Product 33	Ivy	3030 Sycamore St
Product 34	Jack	3131 Dogwood St
Product 35	Karen	3232 Magnolia St
Product 36	Leo	3333 Redwood St
Product 37	Mia	3434 Cypress St
Product 38	Noah	3535 Juniper St
Product 39	Olivia	3636 Fir St
Product 40	Peter	3737 Hemlock St
Product 41	Quinn	3838 Larch St
Product 42	Rachel	3939 Locust St
Product 43	Sam	4040 Alder St
Product 44	Tina	4141 Basswood St
Product 45	Uma	4242 Cottonwood St
Product 46	Victor	4343 Elm St
Product 47	Wendy	4444 Hickory St
Product 48	Xavier	4545 Maple St
Product 49	Yara	4646 Oak St
Product 50	Zoe	4747 Pine St

*** C - CURRENT OWNER ***
MONTGOMERY

NELDA

1 - HC 72 BOX 2428

21

3

State- ID Zip- 83342

MONTGOMERY

PARLEY YALE

City- MALTA
phone - 208-827-5582

1 - HC 72 BOX 2428

2

3

State- ID Zip- 83342

City- MALTA
phone - 208-827-5582

+ - -	Priority Date	- - +	+ - - - Region	- - - +	+ - - - Stage	- - - +	+ - - - Status
	10/20/1968		17 SOUTHERN		J - BENEFICIAL USE		

Source
SPRING

Tributary
SINKS

+ . . . +
- - - Point of Diversion - - -
+ . . . +

Twn	Rng	Sec	Tract	Lot	RFlg	County
-----	-----	-----	-------	-----	------	--------

16S	26E	28	SW NW	(31)	CASSIA
-----	-----	----	-------	------	--------

Code	Description	Period From	Period To	Water Use	Diversion Rate	Diversion Volume
------	-------------	-------------	-----------	-----------	----------------	------------------

04 - STOCKWATER

01/01

12/31

0.040

+ - Total Div. Rate - +	+ - Total Div. Volume - +	+ - Total Consumptive Use - +	+ - KW Usage - +
0.040		0.0	

[illegible]

(31) CASSIA

04 STOCKWATER

Total Acres:

+ - - Diversion Means - HAND DUG 8" WELL BACKHOWNED OUT AND PIPED INTO 500 GAL TROUGH

+ - - Non-Irrigation Use -

4 - - Other Rights for Same Use - 1 MILE CREEK FROM 10-1 TO 4-1.

[illegible]

EXP PARCEL NO. RP16S26E286000
STOCKWATER, 100 BEEF

Prefix Translation: RESEARCH

Water right number - R43-10621

Old Water Right Numbers

..... Old Water Right Numbers +

No Old Water Right Numbers Found

+ - - - - -
 - - - - - Conditions of Approval - - - - -
 - - - - - No Conditions of Approval found.

+ - - - - Decree Plaintiff	- - - - - Decree Defendant	+ - - - - Decree Date
		00/00/0000

+ - Comments-
+ No Comments Found

+ - - Audit Fields - - +
00/00/00

Court Report Filing	- 00/00/0000	Field Inspection Made	- 00/00/0000	Civil Case Number	-
Objection Filed Date	- 00/00/0000	Field Inspection Flag	-	Old Case Number	-
Response Filed Date	- 00/00/0000	Verified Date	-	Old Judicial District	-
Claim Received Date	- 06/09/1989	Last Amended Date	-	Temporary Right	P
		Receipt Number	- C007359	Water District	-
		POU Ownership Flag	- Y	Federal/State Indicator	S
		Name Connector	- AND/OR	Presumption Flag	-
				Notice of Error Flag	-
+ - - - -	- - - - -	- Adjudication Rights Dates and Flags Area	- - - - -	-	- 39576

(GOLD4=Prev Screen) (GOLD6=End of Data) (GOLD5=Next Screen)
(Enter=Exit) (GOLD8=Cancel)

User-ID: SMITH
POST-STD
FHITCHCO
FHITCHCO

Date-Stamp: 920421
950330
970912
970925

D-4118
INQUIRY
Idaho Department of Water Resources
Adjudication Audit Information Screen
FIRST PAGE
Water Right Number: R43-10621

Date: 11/06/97
Time: 11:32:42

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: A43-10621
Date Received: 10/25/1989
Receipt No: C007359
Received By: _____ *aw*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: PARLEY YALE MONTGOMERY 208-827-5582
Address: P.O. BOX HC 72-2428
MALTA, ID 83342

AND/OR

Name: NELDA MONTGOMERY 208-827-5582
Address: P.O. BOX HC 72-2428
MALTA, ID 83342

2. Date of Priority: OCT 20, 1968

3. Source: SPRING Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
16S	26E	28	SW	NW			CASSIA

5. Description of diverting works:

HAND DUG 8' WELL BACKHOWNED OUT AND PIPED INTO 500 GAL TROUGH

6. Water is used for the following purposes:

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

7. Total Quantity Appropriated is:

0.040 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

S/100 BEEF STOCK, MAX.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
16S	26E	28	SW	NW		STOCK	

11. Place of use in counties: CASSIA

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

13. Other Water Rights Used:
1 MILE CREEK FROM 10-1 TO 4-1.

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

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

Number of attachments: _____

For Individuals:

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

Signature of Claimant(s): _____ 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 _____

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 A43-10621

Date Received _____

Receipt Number _____

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Parley Yale³/or Nelda Montgomery Phone (801) 827-5582Mailing Address P.O. Box HC 72-2428, Malta, Idaho Zip 833422. Date of Priority (Only one (1) per claim) 10/20/683. Source of water supply (a) Groundwater Spring
which is tributary to (b) Sinker4. a. Location of existing point of diversion is: Township 116 S Range 26 E Section 28,
_____ 1/4 of SW 1/4 of NW 1/4, Govt. Lot, _____ B.M., County of _____

Additional points of diversion if any: _____

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

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

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

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well. Hand dug well approx. 8feet deep. Back hauled out and piped into
500 gal. stock rough is then 13000 gals. stockwater

MICROFILMED

MAR 05 1993

6. Water is claimed for the following purposes:

(both dates are inclusive) (cfs) (acre feet)

For stockwater purposes from 1/1 to 12/31 amount .04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 (cfs) and/or (b) _____ (acre feet)

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

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) 5/100 beef stock max

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	
16S	26E	28							S										

Total number of acres irrigated None

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

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

13. Describe any other water rights used at the same place and for the same purposes as described above.
cattle drink from 1 mile CR 10/1-4/1 or None ()

14. Remarks:

MICROFILMED
MAR 05 1993

Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

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

16. Signature (s)

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

Number of attachments _____

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

Signature of Claimant (s) Barley Montgomery Date Oct 24, 1989

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 TF) SS.

Subscribed and sworn (or affirmed) before me this 24 th day of Oct 19 89

SEAL

Notary Public Lois White

Residing at TF

My Commission Expires 5/94

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 _____

MICROFILMED

MAR 05 1993

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant

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: 443 39576

Ident. Number _____

Date Received _____

Receipt Number C007359

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

JUN 09 1989

Department of Water Resources

Please type or print clearly

1. Name of Claimant (s) Barley Vale or and Nelda Montgomery Phone () 801-827-5582Mailing Address PO Box HC 72-2428 Malta Idaho Zip 83342

2. Date of Priority (Only one (1) per claim) _____

3. Source of water supply (a) 10/20/68
which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 16S. Range 26E Section 28,
W 1/2 1/4 of NW 1/4 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of Cassia County

Additional points of diversion if any: _____

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

Township 16S Range 26 Section 28, _____ 1/4 of _____ 1/4 of _____ 1/4,

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

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of
_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well. Hand dug well appr 8 feet deep
Back flowed out and piped in too. 500 gal stock rough
is then 13,000 gals. stock water.

MICROFILMED

MAR 05 1993

6. Water is claimed for the following purposes:

(both dates are inclusive) (cfs) (acre feet)

For stock water purposes from 11/1 to 12/31 amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

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

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

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

10. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	
16		28							1										

Total number of acres irrigated None

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

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

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

14. Remarks:

MICROFILMED

MAR 05 1993

Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

Scale: 2 inches equals 1 mile

[illegible]

Copies: White-State, Yellow-Claimant

Last Name _____ Ident No. _____

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

Decree _____

If applicable provide IDWR Water Right Number _____

Court _____ Case Number _____ Decree Date _____

Plaintiff vs Defendant _____

16. Signature (s)

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

Number of attachments _____

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

Signature of Claimant (s) _____ Date _____

_____ 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

Barley Montgomery

Title and Organization

Date 6, 8, 1989

State of Idaho/or _____)

) SS.

County of Cassia _____)

Subscribed and sworn (or affirmed) before me this eight day of June 19 89

SEAL

Notary Public

Renee Smay

Residing at

Albion, Idaho 83311

My Commission Expires

July 11, 1993

Please Print Name

17. Notice of Appearance:

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

Signature _____

Address _____

Date _____

MICROFILMED

MAR 05 1993

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIM IDENT. NO.

A43

1/1900

CLAIMANT'S NAME

Yale, Relda Montgomery

RECEIVED

6/8/89

CK #

2394

AMOUNT \$

25.00

YES

NO

Required Info?

Is the name and address complete with zip code?

YES

NO

*

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

*

(a) Is a source entered?

YES

NO

*

(b) Is a tributary to entered? (if required)

N/A

YES

NO

*

Is the legal description of the p.d. sufficient?

YES

NO

*

Is there a description of the diverting works?

YES

NO

*

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

*

Is a total quantity claimed entered?

YES

NO

*

If required is a consumptive use entered?

N/A

YES

NO

*

Is the consumptive use correct?

N/A

YES

NO

*

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.

N/A

YES

NO

*

Is (are) the place(s) of use and purpose(s) indicated?

YES

NO

*

Is (are) the county(ies) entered?

YES

NO

*

Is the ownership of p.u. checked?

YES

NO

*

Are other water rights listed or "none" indicated?

YES

NO

*

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.)

N/A

YES

NO

*

Is the basis of the claim indicated?

YES

NO

*

If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.)

N/A

YES

NO

*

Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block.

YES

NO

*

Has the claim been signed, sealed, and dated by a notary?

YES

NO

*

Was this claim filed on time, or was an extension granted?

YES

NO

*

Is the fee enclosed correct?

Exempt

YES

NO

*

If this claim is based on an existing water right, has the identification number been entered?

N/A

YES

NO

*

Should this claim be receipted and data entered?

YES

NO

*

Claim checked by:

Dore A. Sch...

Date:

(Yes) (No)

Claim must be returned to claimant:

(Yes) (No)

Claimant must be sent a copy of amended claim for approval:

(Yes) (No)

elpt Prepared by:
aim data entered by:
Sent to claimant by:

Date:

Date:

Date:

Checked by:

Date:

MICROFILMED

MAR 05 1993

Comments:



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

September 26, 1989

Mr. and Mrs. Parley Yell Montgomery
P.O. Box HC 72-2428
Malta, Idaho 83342

RE: Snake River Basin Adjudication
Cassia County

Dear Mr. & Mrs. Montgomery:

Please find enclosed your Notice of Claim to a Water Right which you submitted in June, 1989. We are unable to process it until all required items are completed.

To assist you in completing this form, we are sending you a second form, partially completed. There are several items which you will need to complete that we were unable to fill in for you.

We have enclosed a map for you to locate your property. See the enclosed instructions to assist you in determining the correct format for Items #4 and #10. If you are unable to complete these items, identify the exact location of the well and the place of use on the map, include the map as a part of your claim, return it to us, and we will complete the items for you.

You will need to determine how much water you use and complete this amount in Items #6 and #7. The chart on page 6 may help you determine water requirements for stock.

Please be sure to complete Item #9, describing the number and kind of stock watered.

Items #12 and #13 and #15 need to be completed. Please be sure to sign the form and have it notarized.

If this claim is returned to this office by October 26, 1989, late

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fees will not be assessed. Please do not hesitate to contact this office or the office in Twin Falls if you have any questions or need assistance.

Sincerely,

for *Donal V. Shaff*
Donald V. Shaff
Manager, Adjudication Section

DVS:HHT:mcc:state

Enclosures:

Long Forms (2) w/Instructions

Receipt #C007359

Map

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State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 2148 4th Ave. East, Twin Falls, Idaho 83301 (208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

Nov. 7, 1989

Re: A43-10621

PARLEY YALE MONTGOMERY
P O BOX HC 72-2428
MALTA ID 83342

Dear Claimant(s):

Please find enclosed your receipt and a copy of a computer generated claim based on the information from your original claim(s) which has been entered in our computer records.

Please review the computer generated claim for accuracy. In a few instances clarifications may have been added by the Department at the time of data entry. If you have any questions or objections regarding the computer record of your claim(s), please contact this office.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Judy Givens'.

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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