

AJ5856NP

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

DATE: AUG-18-1997
PAGE: A-77

RIGHT NUMBER: 43-10176
NAME & ADDRESS: PAUL WARD
BEVERLY WARD
BOX 444
ELBA ID 83326

SOURCE: GROUNDWATER

QUANTITY: 0.07 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

PRIORITY DATE: 08/14/1976

POINT OF DIVERSION: T13S R27E S32 SWNWNW Within CASSIA County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.07 CFS

PLACE OF USE: STOCKWATER Within CASSIA County
T13S R27E S29 NWSW
S32 NWNW SWSW ?

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

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE
PARCEL NO. 13S27E323000A
STOCKWATER, 250 BEEF CATTLE

Claim proofread by: KT
Date: 9-5

DATE: 06/10/99
PAGE: 5

(208) 638-5526

Stage: BENEFICIAL USE

CASSIA County

SE
E

13S 27E 32 :

Conditions of Approval:

N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.

N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.

Objection Filed Date:

Field Inspection flag:
Presumption flag:

1245-10116

05/11/2001

**NOTICE OF ERROR
REPLY**

Stockwater

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: June 15, 2001

Water right number: 43-10176

BEVERLY WARD

PO BOX 444

ELBA ID 83326

Telephone Number: (208) 638-5526

PAUL A WARD

PO BOX 444

ELBA ID 83326

Telephone Number: (208) 638-5526

RECEIVED

JUN 04 2001

**Department of Water Resources
Southern Region**

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: 5/31/01 SIGNATURE: *Paul A. Ward*
Please print your name: Paul A. Ward

IDWR Regional Office, 1341 Fillmore St, Suite 200, Twin Falls, ID 83301, 2087363033