

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: A73-10011
Date Received: 11/17/1989
Receipt No: M005245
Received By: SCC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: STARR W. COLEMAN 208-876-4244
Address: HC 62 BOX 1002
ELLIS, ID 83235

OR

Name: DICK H. COLEMAN 208-876-4244
Address: HC 62 BOX 1002
ELLIS, ID 83235

2. Date of Priority: JUN 30, 1970

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
16N	20E	25	NW	NW	SE		CUSTER

5. Description of diverting works:
WELL AND PUMP

6. Water is used for the following purposes:

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

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:
D/1 HOUSE

A73-10011

Page 1

11/17/89

MICROFILMED
DEC 14 1992



10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
16N	20E	25	NW SE		DOMEST	

11. Place of use in counties: CUSTER

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

13. Other Water Rights Used:
NONE

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): Starr W. Calhoun Date: 11/17/89

Date: _____

State of Idaho)
County of Custer) SS.

Subscribed and sworn (or affirmed) before me this 17th day
of November 19 89

Steve C. Call
Notary Public

Seal

Residing at / Twin Falls, Idaho

My Commission Expires December 7, 1994

+ - - - - - CONDITIONS OF APPROVAL - - - - - +
NO CONDITIONS OF APPROVAL FOUND.

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT

PREFIX TRANSLATION: ADJUDICATION CLAIM

+ - - - - DECREE PLAINTIFF - - - +

+ - - - - DECREE DEFENDANT - - - +

+ - DECREE DATE - +
00/00/0000

+ - - AUDIT FIELDS - 11/17/89 MOBILE4

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+-----COMMENTS-----+
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NO COMMENTS FOUND

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+ - - - - - ADJUDICATION RIGHTS DATES AND FLAGS AREA - - - - - +
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COURT REPORT FILING	- 00/00/0000	FIELD INSPECTION MADE	- 00/00/0000	CIVIL CASE NUMBER	- 39576
OBJECTION FILED DATE	- 00/00/0000	FIELD INSPECTION FLAG	-	OLD CASE NUMBER	-
RESPONSE FILED DATE	- 00/00/0000	VERIFIED DATE	- 00/00/0000	OLD JUDICIAL DISTRICT	-
CLAIM RECEIVED DATE	- 11/17/1989	LAST AMENDED DATE	- 00/00/0000	TEMPORARY RIGHT	- P
PROOF DUE DATE	- 00/00/0000	PROOF MADE DATE	- 00/00/0000	WATER DISTRICT	- 73
LICENSED DATE	- 00/00/0000	RECEIPT NUMBER	- M005245	FEDERAL/STATE INDICATOR	- S
CLAIMS TAPE ERROR FLG	-	POU OWNERSHIP FLAG	- Y	PRESUMPTION FLAG	-
FEE EXEMPT FLAG	-	NAME CONNECTOR	- OR	NOTICE OF ERROR FLAG	-

RP16N10E254801

DATA ENTRY

ENTERED 11-10-93
CHECKED 2/7/94 P20

Verified By:
Topo Map/Ortho-PQ
ASCS Map
Watermaster Records
NAPP Photos
Field Exam
Other (See Remarks)
☒ Other Records
Witness Statement
Project Records
IDWR Records

VERIFIED
JAN 24 1993

CERTIFIED
APR 22 1993
WATER EXAMINER

ENTERED 2-19-94 RS
CHECKED 2/23/94 RS

MICROFILMED
NOV 15 1996

AUG-27-1998
0013

1

RIGHT NUMBER: 73-10011

NAME AND ADDRESS: STARR W COLEMAN
DICK H COLEMAN
HC 62 BOX 1002
ELLIS ID 83235

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 06/30/1970

POINT OF DIVERSION: T16N R20E S25 NWNWSE Within CUSTER County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within CUSTER County
T16N R20E S25 NWSE

OTHER MATTERS 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. RP16N20E254801

JOKRB#
8/31/98

AJ5856NP

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

DATE: SEP-23-1997
PAGE: A-6

RIGHT NUMBER: 73-10011

NAME & ADDRESS: STARR W COLEMAN
DICK H COLEMAN
HC 62 BOX 1002
ELLIS ID 83235

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 06/30/1970

POINT OF DIVERSION: T16N R20E S25 NWNWSE Within CUSTER County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC DOMESTIC, 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within CUSTER County
T16N R20E S25 NWSE

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.
PARCEL NO. RP16N20E254801

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE

Claim data entry by: 514
Date: OCT 08 1996
Data entry verified by: [Signature]
Date: OCT 16 1997



State of Idaho
DEPARTMENT OF WATER RESOURCES
1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380
Phone: (208) 736-3033 FAX: (208) 736-3037

SOUTHERN REGION

August 4, 1999

DONALD R KESSLER
ZELDA A KESSLER
PO BOX 6
ELLIS ID 83235

RECEIVED
AUG 05 1999
Department of Water Resources
Eastern Region

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

RE: SRBA CLAIM NOS. 73-10068, 73-10010 & 73-10011

Dear Mr. & Mrs. Kessler,

Enclosed please find the profile reports I located under the names of Kessler and Coleman. These appear to be the only domestic well claims on file with IDWR. In review of the reports it does not appear the Coleman's have filed a claim for a use from the same well system as described by your own claim, 73-10068. I have also enclosed a Change of Ownership form for your use if you find the correct water right claim to describe the water right interest you purchase from your niece.

If you have further questions feel free to contact me at our office or perhaps our staff at our Idaho Falls office may be more familiar with these claims in the Pahsimeroi valley at Ellis. Their office and phone number is listed below.

Sincerely,

Steve Clelland
Sr. Water Resource Agent

enc:

CC: IDWR Eastern Region Office
900 N Skyline Dr Ste A
Idaho Falls Id 83402-1718

phone: 208-525-7161

DELOO JH 8/24/99
OK JC 9/30/99
RECEIVED
AUG 24 1999
Department of Water Resources
Eastern Region

STATE OF IDAHO
IDAHO DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are on the back of this page.
Incomplete forms will be returned.

1. Water Right or Adjudication Claim No(s): 73-10011 NCAP
2. The following **REQUIRED** information must be submitted with this form:
 - A. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water rights or claims in question, **WITH ATTACHED LEGAL DESCRIPTION.**
 - AND
 - B. **PLAT OF PROPERTY** or **SURVEY MAP** for parcel of ten acres or less. (These are usually attached to your deed or on file with the county.)
 - OR
 - C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency **AERIAL PHOTO** with irrigated acres outlined and point(s) of diversion clearly marked.
3. Name and Address of Former Owner/Claimant STARR W AND DICK H. Coleman
HC-62 Box 1002 Ellis ID 83235
4. New Owner/Claimant(s) Deborah G Coleman
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
New Mailing Address 235 N. STATE ST. #3
City, State and ZIP Code SALT LAKE CITY, UT 84143
New Telephone Number (541) 459-0664
5. Date you acquired the property 2-11-91
6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.
Number of acres you irrigate _____ Number and type of stock _____
Diversion rate in CFS _____ Number of homes _____ Other uses _____
If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.
7. Signature of New Owner or Claimant(s) Deborah G. Coleman
- Corporations or other organizations must submit a list of directors and/or officers demonstrating authority to sign this form.
8. For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him or her for all matters related to your claims.

WARRANTY DEED

For Value Received

DICK H. COLEMAN and IVA COLEMAN, husband and wife,

the grantorS , do hereby grant, bargain, sell and convey unto

FRANK E. COLEMAN and DEBORAH G. COLEMAN, husband and wife,

the granteeS , whose current address is P.O. Box 5, Ellis, ID 83235,

the following described premises, in Lemhi County, Idaho, to-wit:

See Exhibit "A" attached hereto and made a part hereof.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said GranteeS , their heirs and assigns forever. And the said Grantor S do hereby covenant to and with the said GranteeS , that t hyare the ownerS in fee simple of said premises; that they are free from all incumbrances

and that t hey will warrant and defend the same from all lawful claims whatsoever.

Dated: February 11, 1991.

Dick H. Coleman
Dick H. Coleman

Iva Coleman by Dick H. Coleman
Iva Coleman by Dick H. Coleman, Attorney-in-Fact

STATE OF IDAHO
COUNTY OF LEMHI
I, James R. Bennett, ss February, in the
year 1991, being me, Notary Public, personally appeared
DICK H. COLEMAN & IVA COLEMAN, h/w, & DICK
H. COLEMAN, her Attorney-in-Fact,
known of, identified to me to be the person whose name S are
subscribed to the within instrument, and acknowledged to me
that t hey executed the same.

James R. Bennett
Notary Public
Residing at Challis, Idaho.

My Comm. Expires:

1-13-93

STATE OF IDAHO, COUNTY OF LEMHI

I hereby certify that this instrument was filed for record at the
request of Frank E. Coleman

at :10 minutes past 2 o'clock P.M.,
this 11 day of February,
19 91, in my office, and duly recorded in Book
of Deeds at page

Alberta Friederick
Ex-Officio Recorder

By Deanne Gray
Deputy.

Fees \$ 6.00

Mail to: Frank E. Coleman

RECEIVED

AUG 24 1999

Department of Water Resources
Eastern Region

INSTRUMENT NO.

209692

Chicago Title Insurance
Company of Idaho

EXHIBIT "A"

Beginning at the Northwest corner of the NW $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 25, Township 16 North, Range 20 East, Boise Meridian, Lemhi County, Idaho, run thence East along the North line of said NW $\frac{1}{4}$ SE $\frac{1}{4}$ of said section, 215 feet to the point of beginning; thence continuing on the same course 425 feet to a point; thence southerly and parallel with the Pahsimeroi Highway 425 feet to a point; thence westerly and parallel with the said North line of said NW $\frac{1}{4}$ SE $\frac{1}{4}$ of said section, 425 feet to the easterly side of the said Pahsimeroi Highway; thence northerly along the said Pahsimeroi Highway 425 feet to the place of beginning. Meaning and intending to convey a tract of land on the East side of said Pahsimeroi Highway with four (4) equal lines of 425 feet each.

TOGETHER WITH ALL easements and appurtenances.

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2404 & 39-27

State File No. _____
Local Reg. No. 4247

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	DECEDENT									
	DECEDENT — NAME FIRST MIDDLE LAST Franklin Ellis Coleman					SEX male	DATE OF DEATH (Month, Day, Year) January 13, 1993			
	SOCIAL SECURITY NUMBER [REDACTED]		AGE - Last Birthday (Yrs.) 54	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Month, Day, Year) July 9, 1938		BIRTHPLACE (City and State or Foreign Country) Pocatello, Idaho		
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) ☒ Hospital (1) ☒ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA		OTHER ☐ Licensed Nursing Home (4) ☐ Home (5) ☐ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify) _____					
NAME OF DECEDENT For use by physician or institution	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) Eastern Idaho Regional Med. Ctr.					CITY, TOWN OR LOCATION OF DEATH Idaho Falls		COUNTY OF DEATH Bonneville		
	MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Deborah Wolcott		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver		KIND OF BUSINESS / INDUSTRY Lumber			
	RESIDENCE STATE Idaho	COUNTY Lemhi	CITY, TOWN OR LOCATION Ellis		STREET AND NUMBER P.O. Box 68		ZIP CODE 83235			
	INSIDE CITY LIMITS? ☐ Yes ☒ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE — American Indian, Black, Japanese, White, etc. (Specify) white		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+) _____			
PARENTS	FATHER — NAME Dick H. Coleman		BIRTHPLACE Idaho		MOTHER — FULL MAIDEN NAME Iva Franklin		BIRTHPLACE Idaho			
	INFORMANT'S NAME (Type/Print) Debbie Coleman		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 68 Ellis, ID 83235							
DISPOSITION	METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Grove City Crematory		LOCATION — City or Town, State Blackfoot, ID					
	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Paul J. Coltrin</i>		LICENSE NUMBER (of Licensee) M-579		NAME AND ADDRESS OF FACILITY Coltrin Colonial Mortuary 2100 1st ST, Idaho Falls, ID 83401					
CAUSE OF DEATH	TIME OF DEATH 07:30 A.M.		DATE PRONOUNCED DEAD (Month, Day, Year) January 13, 1993		WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined			
	27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE a. Myocardial Infarction b. Coronary Artery Disease c. Stroke for Mollusca d. _____								Approximate Interval Between Onset and Death Immediate	
	27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I Ischemia & Angina & heart								WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No	
									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ Yes ☐ No	
CERTIFIER	CERTIFIER (Check only one) ☒ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.									
	SIGNATURE AND TITLE OF CERTIFIER <i>Boyd Hammond</i>					LICENSE NUMBER M3747		DATE SIGNED (Month, Day, Year) 1/18/93		
CORONER'S REVIEW AREA	NAME AND ADDRESS OF CERTIFIER (Type/Print) Dr. Boyd Hammond 2065 E 17th St. Idaho Falls, ID 83404									
	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
REGISTRAR	INJURY AT WORK? ☐ Yes ☒ No		IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or Route Number, City/Town, or County, and State)			
	CORONER'S ACTION (Check One) 31a. (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified		CORONER'S SIGNATURE <i>[Signature]</i>		DATE SIGNED (Month, Day, Year) 2-1-93					
REGISTRAR'S SIGNATURE <i>Kathryn Kennedy</i>										DATE FILED (Month, Day, Year) 2-1-93

VITAL STATISTIC'S COPY

(STATE OF IDAHO)
(County of Bonneville)

THIS IS TO CERTIFY that this is a true copy of a death certificate filed with the Idaho Department of Health and Welfare under Title 39, Idaho Code. The local Deputy State Registrar in the District Seven Health Department issued this copy with local registration number affixed under authority granted to the State Registrar (IDAPA 16.02.8150.02b). Copies of this certificate made at a later date may reflect legal amendments made subsequent to this issuance.

NOT VALID WITHOUT RAISED SEAL OF IDAHO STATE DEPARTMENT OF HEALTH AND WELFARE

2-1-93
Date Issued

Richard W. Blair
State Registrar of Vital Statistics

8410

B.L.M.

8410

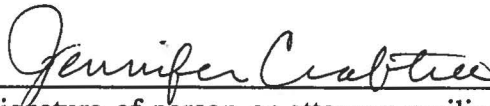
In Re SRBA	)	NOTICE OF COMPLETED
	)	ADMINISTRATIVE PROCEEDINGS
Case No. 39576	)	
	)	
_____	)	SUB CASE NO. 73-10011

Page 1

CERTIFICATE OF MAILING

I certify that on Oct 15, 1999, I mailed the original and copies of this form to the following persons, postage prepaid and addressed as follows:

1. Original to:
Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls ID 83303-2707
2. One Copy to:
Claimant/Seller for Substitution of Party or attorney of record:
STARR & DICK COLEMAN
HC 62 BOX 1002
ELLIS ID 83235
3. One Copy to:
Claimant/Purchaser for Substitution of Party or attorney of record:
DEBORAH G COLEMAN
235 N STATE ST #3
SUTHERLIN OR 97479
4. One Copy to:
Each party in the subcase or attorney of record:
N/A
5. One Copy to:
Chief Natural Resources Division
Office of the Attorney General
PO Box 44449
Boise ID 83711-4449
6. One Copy to:
United States Dept Of Justice
Environment & Natural Resource Div
550 West Fort Street MSC 033
Boise ID 83724



Signature of person or attorney mailing the form

RIGHTS FROM: SOURCE: GROUNDWATER

RIGHT NUMBER: 73-10011

NAME & ADDRESS: DEBORAH G COLEMAN
235 N STATE ST #3
SUTHERLIN OR 97479

SOURCE: GROUNDWATER

QUANTITY: 0.04 CFS

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

PRIORITY DATE: 06/30/1970

POINT OF DIVERSION: T16N R20E S25 NWNWSE Within CUSTER County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE: DOMESTIC Within CUSTER County
T16N R20E S25 NWSE

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. RP16N20E254801



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

DEBORAH G COLEMAN
235 N STATE ST #3
SUTHERLIN OR 97479

RE: Notice of Change of Water Right Ownership (NCO) for 73-10011
and Notice of Completed Administrative Proceeding (NCAP)

Dear Ms. Coleman:

On August 24, 1999, the Idaho Department of Water Resources (IDWR) received an NCO changing the right holder for the above referenced water right(s). Based on this NCO, IDWR water right records for the Snake River Basin Adjudication (SRBA) have been updated.

Furthermore, as directed by the SRBA Court, this office mailed a copy of the updated water right record(s) to each party listed on the enclosed NCAP. The intent of this mailing is to ensure each party has a current record of water right(s) as recorded in the SRBA.

Please feel free to contact me if you have any questions concerning this matter.

Respectfully,

Jennifer Crabtree
Technical Records Specialist

Enclosure

cc: Starr & Dick Coleman