

## IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 67-2395 V1

WATER RIGHT NUMBER: 67-2395 V1

| <u>Owner Type</u> | <u>Name and Address</u>                                                             |
|-------------------|-------------------------------------------------------------------------------------|
| Original Owner    | RICHARD H BARKER<br>11435 HWY 95<br>PAYETTE, ID 83661                               |
| Original Owner    | GUY LEE                                                                             |
| Current Owner     | PAYETTE, ID<br>ALICE M BARKER<br>11435 HWY 95<br>PAYETTE, ID 83661<br>(208)642-6146 |

Priority Date: 11/04/1937

Basis: License

Status: Active

| <u>Source</u>  | <u>Tributary</u> |
|----------------|------------------|
| UNNAMED STREAM | SNAKE RIVER      |

| <u>Beneficial Use</u> | <u>From</u> <u>To</u>   | <u>Diversion Rate</u> | <u>Annual Volume</u> |
|-----------------------|-------------------------|-----------------------|----------------------|
| IRRIGATION            | 03/01 to 11/15          | 0.370 CFS             |                      |
|                       | <u>Total Diversion:</u> | 0.370 CFS             |                      |

Location of Point(s) of Diversion

|                |            |                                 |
|----------------|------------|---------------------------------|
| UNNAMED STREAM | SW1/4NW1/4 | Sec. 14, Twp 09N, Rge 05W, B.M. |
| PAYETTE County |            |                                 |

Place of Use

IRRIGATION

| Twp | Rge | Sec | NE |    |    |    | NW  |     |     |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|-----|-----|-----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE  | NW  | SW  | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 09N | 05W | 14  |    |    |    |    | 1.0 | 4.0 | 8.0 |    |    |    |    |    |    |    |    |    | 13.0   |

Total Acres: 13

Conditions of Approval:

1. C18 This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.
2. F14 Use of this right is combined with water from Lower Payette Ditch Company.

Remarks:Water Supply Bank:

11/14/2006

NOTICE OF ERROR  
REPLY

RECEIVED  
DEC 29 2006  
DEPARTMENT OF  
WATER RESOURCES

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 8, 2006

Water right number: 67-2395

RICHARD H BARKER  
926 GRAYS CREEK RD  
INDIAN VALLEY ID 83632  
Telephone Number: (208) 256-4425

*Deceased*

*OK to Remove*

*C. Sutton*

*1-23-07*

ALICE M BARKER  
~~926 GRAYS CREEK RD~~ *11435 Highway 95*  
~~INDIAN VALLEY ID 83632~~ *Payette Idaho*  
~~Telephone Number: (208) 256-4425~~ *83661*  
*Telephone 642-6146*  
*Fax no 642-6146*

*OK to Change*

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: Dec 27-06

SIGNATURE: Alice M Barker

Please print your name: ALICE M. BARKER

IDWR Regional Office, 322 E Front St  
PO Box 83720, Boise, ID 83720-0098, 2082874800

SCANNED  
JAN 02 2007

# FAX Transmission

Number of pages including cover sheet 2

Attention: Craig Sexton

Date: 12-22-06

Company: Dept of water Resources

From: Alice Barker

Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Fax: 287 - ~~4800~~ 6700

Phone: 208 - 642 - 6146

Comments: Thank you

Fax 208 - 642 - 6146

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2509 S. Broadway  
Boise, Idaho 83706  
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Fax: 208-422-0380  
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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## 301240 CERTIFIED COPY OF DEATH CERTIFICATE

**3909**  
LOCAL FILE NUMBER

### Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME<br>First: <b>Richard</b> Middle: <b>Harry</b> Last: <b>Barker</b>                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                     |  | 2. SEX (M / F)<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                      |  | 3. DEATH DATE (Mo, Day, Yr)<br><b>April 11, 2002</b>                                                                                      |  |
| 4. AGE LAST BIRTHDAY (Yrs)<br><b>76</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 5. UNDER 1 YEAR<br>MO: <b>None</b> DAYS: <b>None</b> HOURS: <b>None</b> MINS: <b>None</b>                                                           |  | 7. BIRTHDATE (Mo, Day, Yr)<br><b>Oct 25, 1925</b>                                                                                                                                                                                                                                                                                                                  |  | 8. BIRTHPLACE (City, State or Foreign Country)<br><b>New Meadows, ID</b>                                                                  |  |
| 11. CITY, TOWN OR LOCATION OF DEATH<br><b>Seattle</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                     |  | 12. PLACE OF DEATH — (X) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br>1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE<br><b>VA Puget Sound Health Care System</b> |  | 13. COUNTY OF DEATH<br><b>King</b>                                                                                                        |  |
| 14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                                                                                                                               |  | 15. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Alice Mildred Gray</b>                                                                       |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                       |  | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (5-12): <b>8</b> College (1-4 of 64): <b>None</b> |  |
| 18. OCCUPATION (If deceased, give last occupation)<br><b>Owner/Operator</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                     |  | 19. RACE (Specify)<br><b>White</b>                                                                                                                                                                                                                                                                                                                                 |  | 20. VETERAN (Specify)<br><b>No</b>                                                                                                        |  |
| 22. RESIDENCE — NUMBER AND STREET<br><b>11435 Hwy. 95</b>                                                                                                                                                                                                                                                                                                                                                                                                |  | 23. CITY/TOWN OR LOCATION<br><b>Payette</b>                                                                                                         |  | 24. INSIDE CITY LIMITS? (Yes / No)<br><b>No</b>                                                                                                                                                                                                                                                                                                                    |  | 25. COUNTY<br><b>Payette</b>                                                                                                              |  |
| 26. LENGTH OF RES. IN CO.<br><b>7 Yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                                               |  | 27. STATE<br><b>ID</b>                                                                                                                              |  | 28. ZIP CODE<br><b>83661</b>                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                           |  |
| 29. FATHER'S NAME — FIRST, MIDDLE, LAST<br><b>Walter Barker</b>                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                     |  | 30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME<br><b>Loretta May Krinan</b>                                                                                                                                                                                                                                                                                     |  |                                                                                                                                           |  |
| 31. INFORMANT — NAME<br><b>Alice Barker</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  | 32. MAILING ADDRESS<br>STREET OR RFD NO. <b>11435 HWY 95 Payette, ID 83661</b> CITY OR TOWN <b>Payette</b> STATE <b>ID</b> ZIP <b>83661</b>         |  |                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                           |  |
| 33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Removal/Burial</b>                                                                                                                                                                                                                                                                                                                                                                                 |  | 34. DATE (Mo, Day, Yr)<br><b>4/12/2002</b>                                                                                                          |  | 35. CEMETERY/CREMATORY — NAME<br><b>Wilder Cemetery</b>                                                                                                                                                                                                                                                                                                            |  | 36. LOCATION — CITY/TOWN, STATE<br><b>Wilder, ID</b>                                                                                      |  |
| 37. FUNERAL DIRECTOR SIGNATURE<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 38. NAME OF FACILITY<br><b>Haren-Wood Funeral Chapel</b>                                                                                            |  | 39. ADDRESS OF FACILITY<br><b>2534 SW 4th Ave. Ontario, OR 97914</b>                                                                                                                                                                                                                                                                                               |  |                                                                                                                                           |  |
| 40. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN<br>41. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><i>[Signature]</i><br><b>Richard V. Anderson, M.D.</b>                                                                                                                                                                                                     |  |                                                                                                                                                     |  | 42. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><i>[Signature]</i><br><b>VA Puget Sound Health Care System</b>                                                                                                                        |  |                                                                                                                                           |  |
| 43. DATE SIGNED (Mo, Day, Yr)<br><b>4/12/02</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  | 44. HOUR OF DEATH (24 Hr)<br><b>1726 Hours</b>                                                                                                      |  | 45. DATE SIGNED (Mo, Day, Yr)                                                                                                                                                                                                                                                                                                                                      |  | 46. HOUR OF DEATH (24 Hr)                                                                                                                 |  |
| 47. NAME AND TITLE OF ATTENDING PHYSICIAN — OTHER THAN CERTIFIER (Type or Print)<br><b>Richard V. Anderson, M.D.</b>                                                                                                                                                                                                                                                                                                                                     |  | 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER<br><b>Ani J. Fleisig, M.D., 1660 S. Columbian Way, Seattle, WA 98108</b> |  | 49. PRONOUNCED DEAD (Mo, Day, Yr)                                                                                                                                                                                                                                                                                                                                  |  | 50. HOUR PRONOUNCED DEAD (24 Hr)                                                                                                          |  |
| 51. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:<br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>A. Anoxic Brain Injury s/p Seizure Activity</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br><b>B. Coronary Artery Disease s/p Rado M.V.R.</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br><b>C. Cardio-Pulmonary Arrest with Resuscitation 4/6/02</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br><b>D. [REDACTED]</b> |  |                                                                                                                                                     |  | 52. AUTOPSY? (Yes / No)<br><b>No</b>                                                                                                                                                                                                                                                                                                                               |  | 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)<br><b>No</b>                                                             |  |
| 54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)                                                                                                                                                                                                                                                                                                                                                                                                 |  | 55. INJURY DATE (Mo, Day, Yr)                                                                                                                       |  | 56. HOUR OF INJURY (24 Hr)                                                                                                                                                                                                                                                                                                                                         |  | 57. DESCRIBE HOW INJURY OCCURRED:                                                                                                         |  |
| 58. INJURY AT WORK? (Yes / No)                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)                                                                 |  | 60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                           |  |
| 61. RECORD AMENDMENT (Registrar use only)<br>REV. <b>None</b> DOCUMENTARY PURPOSE <b>None</b> REVIEWED BY <b>None</b>                                                                                                                                                                                                                                                                                                                                    |  | 62. DATE RECEIVED (Mo, Day, Yr)<br><b>APR 17 2002</b>                                                                                               |  | 63. [REDACTED]                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                           |  |

BEE 2 2 2006

ATTN: Craig Seaton

287-4800

11/14/2006

IDAHO DEPARTMENT OF WATER RESOURCES  
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 67-2395  
NAME AND ADDRESS: RICHARD H BARKER  
926 GRAYS CREEK RD  
INDIAN VALLEY ID 83632  
  
ALICE M BARKER  
926 GRAYS CREEK RD  
INDIAN VALLEY ID 83632

SOURCE: UNNAMED STREAM TRIBUTARY: SNAKE RIVER  
QUANTITY: 0.370 CFS  
PRIORITY DATE: 11/04/1937  
POINT OF DIVERSION: T09N R05W S14 SWNW Within PAYETTE County  
PURPOSE AND PERIOD OF USE:

|               | <u>PURPOSE OF USE</u>               | <u>PERIOD OF USE</u> | <u>QUANTITY</u> |
|---------------|-------------------------------------|----------------------|-----------------|
|               | IRRIGATION                          | 03/01 11/15          | 0.370 CFS       |
| PLACE OF USE: | <u>IRRIGATION in PAYETTE County</u> |                      |                 |
|               | T09N R05W S14 NENW 1.00             | T09N R05W S14 NWNW   | 4.00            |
|               | T09N R05W S14 SWNW 8.00             |                      |                 |
|               | 13 ACRES TOTAL                      |                      |                 |

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

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - License

Use of this right is combined with water from Lower Payette Ditch Company.

Note; Alice Barker  
New address

~~1/2~~ Hwy 90

11435

Payette,

Idaho

83661

SCANNED

BEE 22 2006

65-18591 } closed. "case disposed"  
65-19632 }

4

67-2395 - rec.

67-14155 } P.D.

67-14156 }

updated records / DVS  
12-14-06

rec'd 11-29-06

### Notice to Mailer of Correction in Address

Addressee's Account Number (All numbers, dates, and letters)

☐ No account number on mail

☐ Account number illegible

Addressee's Name

Richard & Alice Barker

Old Address (Include apartment or suite number)

926 Grays Creek Rd.

City, State, and ZIP Code

Indian Valley, ed 83632

New Address (Include apartment or suite number)

11435 Hwy 95

City, State, and ZIP Code

Payette, ed. 83661

This card is furnished: ☒ For address correction, as requested (your mailpiece was forwarded).

☐ In place of Form 3579 (see reason for nondelivery below).

The address portion of your mailpiece was not readily detachable. Reason for nondelivery:

☐ Moved, left no address

☐ No such street

☐ No such number

☐ Refused

☐ Attempted, not known

☐ Unclaimed

PS Form 3547, June 1995

SCANNED

DEC 15 2006

RECEIVED

NOTED

(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 Organizations:

I do solemnly swear or affirm that I am \_\_\_\_\_ of  
Title

\_\_\_\_\_, that I have signed the foregoing

Organization  
document in the space below as \_\_\_\_\_ of  
Title

\_\_\_\_\_, and that the statements contained in the  
Organization  
foregoing document are true and correct. \_\_\_\_\_

Signature of Authorized Agent

\_\_\_\_\_  
Title and Organization

\_\_\_\_\_  
Date

State of Idaho )  
County of \_\_\_\_\_ ) SS.

Subscribed and sworn (or affirmed) before me this

of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public

Residing at \_\_\_\_\_

My commission Expires \_\_\_\_\_

09/28/2006

IDAHO DEPARTMENT OF WATER RESOURCES  
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 67-2395

NAME AND ADDRESS: RICHARD H BARKER  
926 GRAYS CREEK RD  
INDIAN VALLEY ID 83632

ALICE M BARKER  
926 GRAYS CREEK RD  
INDIAN VALLEY ID 83632

SOURCE: UNNAMED STREAM

TRIBUTARY: SNAKE RIVER

QUANTITY: 0.370 CFS

PRIORITY DATE: 11/04/1937

POINT OF DIVERSION:

T09N R05W S14 SWNW Within PAYETTE County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u> | <u>PERIOD OF USE</u> | <u>QUANTITY</u> |
|-----------------------|----------------------|-----------------|
| IRRIGATION            | 03/01 11/15          | 0.370 CFS       |

PLACE OF USE: IRRIGATION Within PAYETTE County

|               |      |      |               |      |      |
|---------------|------|------|---------------|------|------|
| T09N R05W S14 | NENW | 1.00 | T09N R05W S14 | NWNW | 4.00 |
| T09N R05W S14 | SWNW | 8.00 |               |      |      |

13 ACRES TOTAL

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

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - License



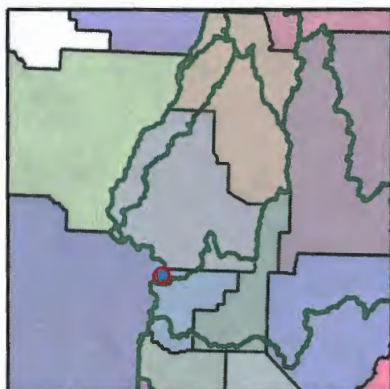
# Idaho Department of Water Resources

SRBA Recommendation:

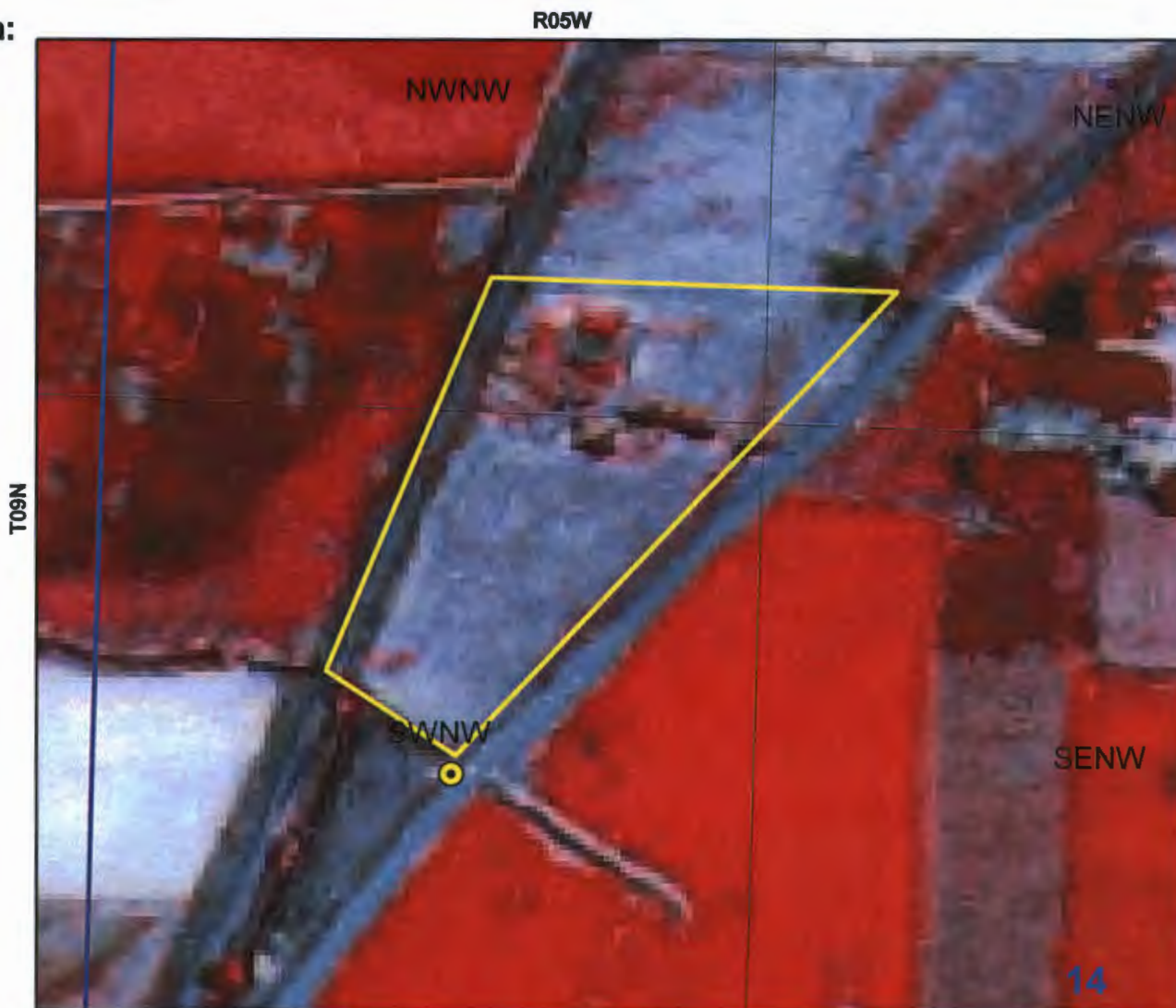
**67-2395**

## Legend

-  Point of Diversion
-  Place of Use
-  Townships
-  PLS Sections
-  Quarter Quarters



Payette County  
IDWR Basin 67



0 0.1 0.2 Miles

Prepared by J. Dean  
On Thursday, September 28, 2006  
1987/88 Aerial Photography

## IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 67-2395 V1

WATER RIGHT NUMBER: 67-2395 V1

|                   |                                                                                                 |
|-------------------|-------------------------------------------------------------------------------------------------|
| <u>Owner Type</u> | <u>Name and Address</u>                                                                         |
| Current Owner     | RICHARD H BARKER<br>926 GRAYS CREEK RD<br>INDIAN VALLEY, ID 83632<br>(208)256-4425              |
| Original Owner    | GUY LEE                                                                                         |
| Current Owner     | PAYETTE, ID<br>ALICE M BARKER<br>926 GRAYS CREEK RD<br>INDIAN VALLEY, ID 83632<br>(208)256-4425 |

Priority Date: 11/04/1937

Basis: License

Status: Active

|                |                  |
|----------------|------------------|
| <u>Source</u>  | <u>Tributary</u> |
| UNNAMED STREAM | SNAKE RIVER      |

|                       |                         |                       |                      |
|-----------------------|-------------------------|-----------------------|----------------------|
| <u>Beneficial Use</u> | <u>From</u> <u>To</u>   | <u>Diversion Rate</u> | <u>Annual Volume</u> |
| IRRIGATION            | 03/01 to 11/15          | 0.370 CFS             |                      |
|                       | <u>Total Diversion:</u> | 0.370 CFS             |                      |

Location of Point(s) of Diversion

|                |            |                                 |
|----------------|------------|---------------------------------|
| UNNAMED STREAM | SW1/4NW1/4 | Sec. 14, Twp 09N, Rge 05W, B.M. |
| PAYETTE County |            |                                 |

Place of Use

IRRIGATION

| Twp | Rge | Sec | NE |    |    |    | NW  |     |     |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|-----|-----|-----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE  | NW  | SW  | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 09N | 05W | 14  |    |    |    |    | 1.0 | 4.0 | 8.0 |    |    |    |    |    |    |    |    |    | 13.0   |

Total Acres: 13

Conditions of Approval:

1. C18 This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

Remarks:

## IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 67-2395 V1

Comments:

1. mcase 4/13/2004 Purpose of Use

Comment: Did not claim licensed domestic water use.

2. mcase 4/13/2004 Quantity

Comment: No licensed Annual Diversion.

3. jdean 9/28/2006 POU

Comment: POU was reduced based on claim and taxlot information. The acres were adjusted from the claim based on the license and GIS. One acre fewer than what was claimed was recommended. This is about 6 acres fewer than what was licensed.

Dates and Other Information:

Decreed Date:

Enlargement Use Priority Date:

Enlargement Statute Priority Date:

Defendant:

Plaintiff:

Civil Case Number:

Judicial District:

Notice of Error Flag:

State or Federal: S

Owner Name Connector: AND

Water District Number:

Generic Max Rate Per Acre:

Generic Max Volume Per Acre:

Swan Falls Trust or Nontrust:

Swan Falls Dismissed:

DLE Act Number:

Carey Act Number:

Mitigation Plan: False

Combined Use Limits:Element Reviewed/Verified Dates:

| <u>Element</u> | <u>Last Reviewed Date</u> | <u>Reviewer</u> | <u>Last Verified Date</u> | <u>Verifier</u> | <u>Status</u> |
|----------------|---------------------------|-----------------|---------------------------|-----------------|---------------|
| Priority Date  | 4/13/2004 4:11:11 PM      | mcase           |                           |                 | Active        |
| Source         | 4/13/2004 4:16:45 PM      | mcase           |                           |                 | Active        |
| POU            | 4/13/2004 4:17:20 PM      | mcase           |                           |                 | Active        |
| Use            | 4/13/2004 4:18:35 PM      | mcase           |                           |                 | Active        |
| Season         | 4/13/2004 4:19:26 PM      | mcase           |                           |                 | Active        |
| Quantity       | 4/13/2004 4:20:35 PM      | mcase           |                           |                 | Active        |
| POD            | 4/13/2004 4:22:19 PM      | mcase           |                           |                 | Active        |
| Summary        |                           |                 | 09/28/2006                | jdean           | Active        |

Verification Log:

| <u>Element</u> | <u>Date Time Stamp</u> | <u>Reviewer</u> | <u>Log text</u>              |
|----------------|------------------------|-----------------|------------------------------|
| POU            | 9/28/2006 10:16:29 AM  | jdean           | Updated shape for Active POU |

## IDAHO DEPARTMENT OF WATER RESOURCES

## Adjudication Recommendation Report 67-2395 V1

|               |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------|----------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Priority Date | 4/13/2004 4:11:12 PM | mcase | <p>(No) 1. Should this water use have been included in a later court decree of the water rights from this source?</p> <p>(Yes) 4. Is the basis of claim decree or license?</p> <p>(Yes) 5. Does the decree or license have a Priority Date?</p> <p>(Yes) 6. Did the Claimant claim the decreed or licensed Priority Date ?</p> <p>(Yes) 15. Is the basis of claim coded correctly?</p> <p>(No) 16. Is a Priority Date remark and/or condition required?</p>                                                                                                                                                                                                                                              |
| Source        | 4/13/2004 4:16:46 PM | mcase | <p>(Yes) 1. Is the basis of claim Decree or License?</p> <p>(Yes) 4. Does the Decree or License have a source?</p> <p>(Yes) 5. Can the claimed source be verified using the water right file?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| POU           | 4/13/2004 4:17:20 PM | mcase | <p>(Yes) 1. Is the basis of this claim a Decree or License?</p> <p>(Yes) 2a. Is the POU required?</p> <p>(Yes) 5. Does the Decree or License have a POU?</p> <p>(Yes) 6. Can the claimed POU be verified using the water right file?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Use           | 4/13/2004 4:18:36 PM | mcase | <p>(Yes) 1. Is the basis of this claim a Decree or License?</p> <p>(Yes) 4. Does the Decree or License have a Purpose of Use?</p> <p>(Yes) 5. Can the claimed Purpose of Use be verified using the water right file?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Season        | 4/13/2004 4:19:27 PM | mcase | <p>(Yes) 1. Is the basis of claim Decree or License?</p> <p>(No) 4. Does the Decree or License have a Period of Use?</p> <p>(No) 6. Is there evidence that there has been a change in the Period of Use?</p> <p>(Yes) 12. Does the file contain all the necessary information to verify the Period of Use?</p> <p>(Yes) 13. Is the basis of claim a decree, license, or a transferred beneficial use right that has had the Period of Use administratively determined?</p> <p>(Yes) 14. Is irrigation claimed as a Purpose of Use?</p> <p>(No) 16. Is the Period of Use on the decree, license or transfer shorter on either the start date or end date than allowable under current IDWR standards?</p> |
| Quantity      | 4/13/2004 4:20:36 PM | mcase | <p>(Yes) 1. Is the basis of this claim a Decree or License?</p> <p>(Yes) 4. Does the Decree or License have a diversion rate and/or volume?</p> <p>(Yes) 5. Can the claimed diversion rate and/or volume be verified using the water right file?</p> <p>(No) 8. Does the parent right have an annual diversion volume limit?</p>                                                                                                                                                                                                                                                                                                                                                                         |
| POD           | 4/13/2004 4:22:20 PM | mcase | <p>(Yes) 1. Is the basis of this claim a Decree or License?</p> <p>(Yes) 4. Does the Decree or License have a POD?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## IDAHO DEPARTMENT OF WATER RESOURCES

## Adjudication Recommendation Report 67-2395 V1

|         |                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------|-----------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| POU     | 2/6/2004 1:27:00 PM   | awarntje | Edited shape boundary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| POU     | 2/6/2004 1:27:44 PM   | awarntje | Edited shape boundary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| POU     | 2/6/2004 1:28:33 PM   | awarntje | Edited shape boundary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| POU     | 2/6/2004 1:29:15 PM   | awarntje | Edited shape boundary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| POD     | 4/13/2004 4:16:09 PM  | mcase    | Edited point location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| POU     | 9/28/2006 10:16:41 AM | jdean    | Updated PLS for Active POU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Summary | 9/28/2006 10:25:25 AM | jdean    | <p>(Yes) 1. Is the basis of this claim a Decree, License, Permit, Application or Posted Notice?</p> <p>(No) 2. Does any evidence indicate a five year period of continuous nonuse occurred that could result in recommending forfeiture or partial forfeiture?</p> <p>(No) 5. Does this right have any combined use limits with other rights?</p> <p>(No) 6. Is an additional remark and/or condition required?</p> <p>(Yes) 7. Would you like to view the recommended right?</p> <p>(No) 8. Is this a split or combined right?</p> <p>(No) 9. Do you have documents you would like to attach or link to the file?</p> <p>(Yes) 10. Would you like to set the verification date?</p> |

Water Supply Bank:

# State of Idaho

## License and Certificate of Water Right

Water License No. 18557

Amount 0.37 second feet

Water District No. \_\_\_\_\_

Priority November 4, 1937

THIS IS TO CERTIFY that GUY LEE

of Payette, Idaho, made application for a permit to appropriate the public waters of the State of Idaho, dated November 4, 1937; that Permit No. 18557 was issued under said application; that Certificate of Completion of works, with a carrying capacity of 0.37 second feet, was issued thereunder on February 17, 1939, showing that said works were completed on the 11th day of February, 1939; and that on the 29th day of November, 1939,

GUY LEE

of Payette, State of Idaho, made proof to the satisfaction of the State Reclamation Engineer of Idaho, of the right to use the waters of an unnamed stream, a tributary of Snake River, for the purpose of irrigation and domestic use, under Use Permit No. 18557 of the Department of Reclamation and that said right to the use of said waters has been perfected in accordance with the laws of Idaho, and is hereby confirmed by the State Reclamation Engineer of Idaho and entered of record in Volume 8 of Licenses at page 4883, on the 2nd day of February, 1952;

The right hereby confirmed dates from November 4, 1937;

The Point of Diversion is located

in the SW 1/4 NV 1/4 Sec. 14, Tp. 9 N., R. 5 W., B. M. Payette County

That the amount of water to which such right is entitled and hereby confirmed, for the purposes aforesaid, is limited to an amount actually needed and beneficially used for said purposes, and shall not exceed 0.37 cubic feet per second.

Description and location of use:

| Twp.        | Range       | Sec.      | Forty-acre Tract     | No. Acres Described in Permit | No. Acres Actually Irrigated |
|-------------|-------------|-----------|----------------------|-------------------------------|------------------------------|
| <u>9 N.</u> | <u>5 W.</u> | <u>14</u> | <u>NE 1/4 NW 1/4</u> | <u>1.6</u>                    | <u>2.6</u>                   |
|             |             |           | <u>NW 1/4 NW 1/4</u> | <u>5.0</u>                    | <u>5.0</u>                   |
|             |             |           | <u>SW 1/4 NW 1/4</u> | <u>12.0</u>                   | <u>5.0</u>                   |
|             |             |           |                      |                               | <u>12.6</u>                  |

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

WITNESS the seal and signature of the State Reclamation Engineer, affixed at Boise, Idaho, this

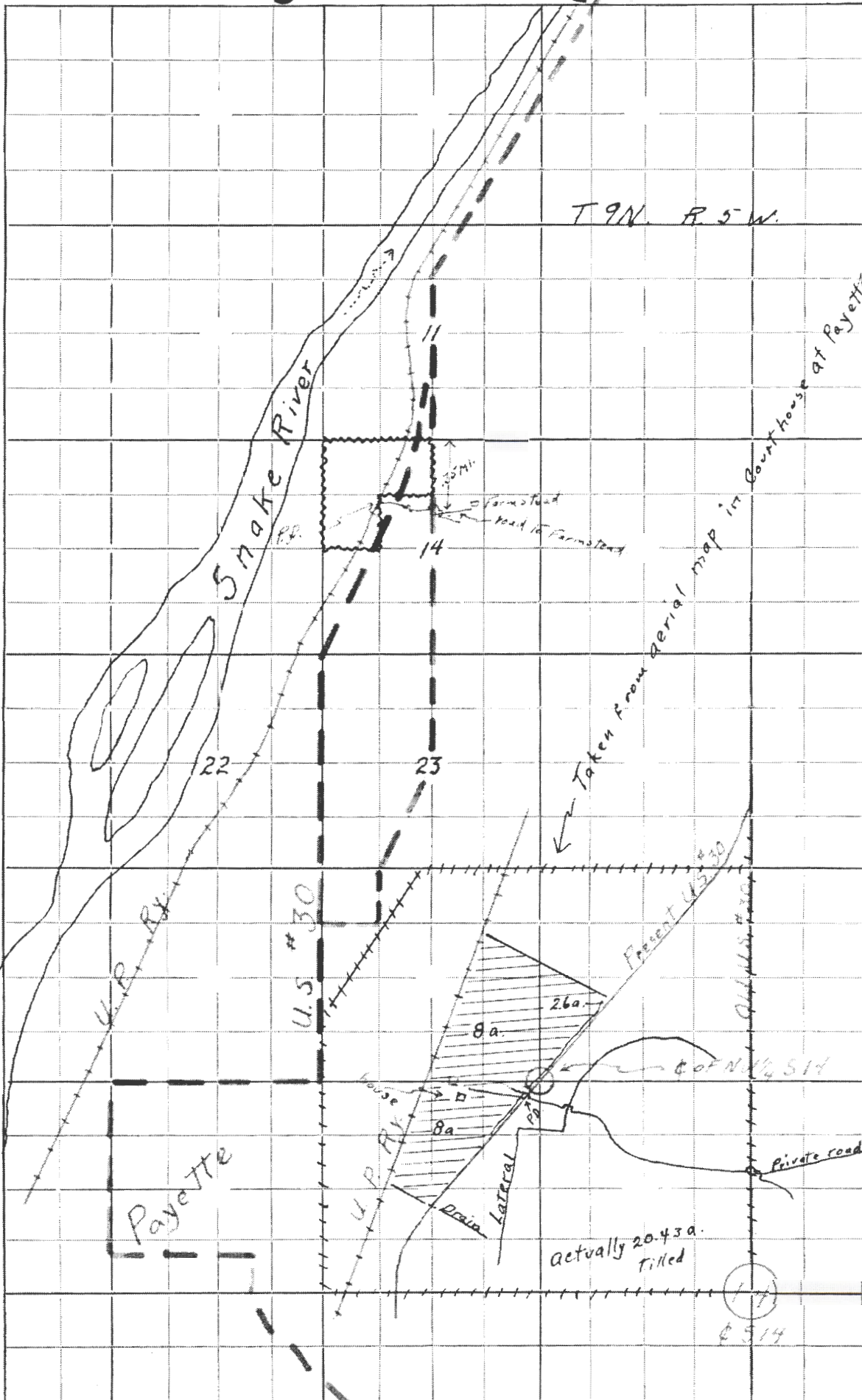
2nd day of February, 1952

MARK E. KULP

State Reclamation Engineer

(SEAL)

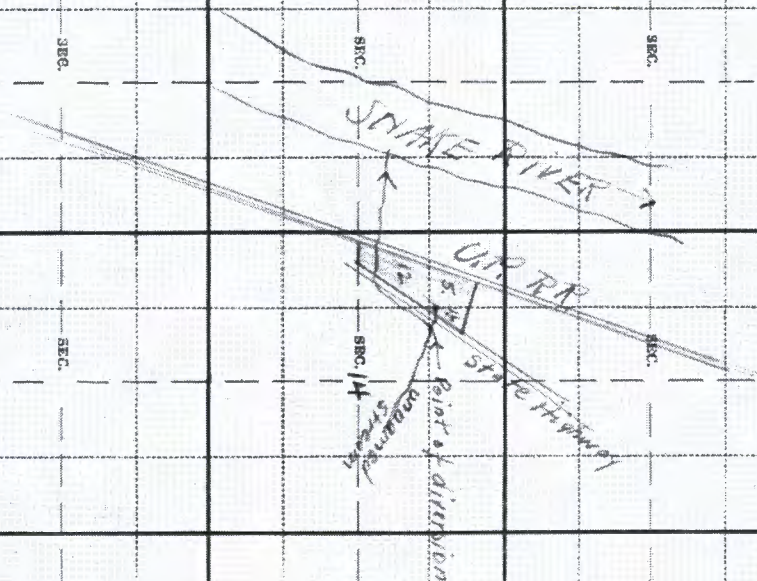
65 2469



Scale: 2 Inches Equals 1 Mile. Draw Map In Ink.

18557

Map to accompany application for Permit



T 9 N P 5 W B.M.

Permit Map No. 18557

As Approved

NOV 29 1937

R. W. FARIS

Commissioner of Reclamation

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: **A67-02395**  
Date Received: 3/28/1994  
Receipt No: W017300  
Received By: EW

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

1. Name: RICHARD H BARKER 208-256-4425  
Address: 926 GRAYS CREEK RD  
INDIAN VALLEY ID 83632

AND/OR

Name: ALICE M BARKER 208-256-4425  
Address: 926 GRAYS CREEK RD  
INDIAN VALLEY ID 83632

2. Date of Priority: NOV 4, 1937

3. Source: UNNAMED STREAM Trib. to: SNAKE RIVER

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County  |
|----------|-------|---------|--------|--------|-----|-----|---------|
| 09N      | 05W   | 14      |        | SW     | NW  |     | PAYETTE |

5. Description of diverting works:  
PUMP IN DRAIN TO SPRINKLERS.

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S | (or) | A.F.A. |
|------------|-------|-------|-------|------|--------|
| IRRIGATION | 03/15 | 11/15 | 0.370 |      |        |

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use | Acres |
|----------|-------|---------|--------|-----|-----|-----|-------|
| 09N      | 05W   | 14      | NE     | NW  |     | IRR | 2.0   |

**MICROFILMED**  
**AUG 05 1994**

**SCANNED**  
**MAY 10 2004**

10. Place of Use: Continued

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use | Acres |
|----------|-------|---------|--------|-----|-----|-----|-------|
| 09N      | 05W   | 14      | NW     | NW  |     | IRR | 6.0   |
|          |       |         | SW     | NW  |     | IRR | 6.0   |

Section Acres 14.0

Total Acres 14.0

11. Place of use in counties: PAYETTE

12. Do you own the property listed above as place of use? NO

13. Other Water Rights Used:

14. Remarks:

CLAIMANTS HAVE PUT EARNEST MONEY ON PROPERTY.

15. Basis of Claim: LICENSE

Water Right Number: 18557

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: 0

**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): X Oliver Barker Date: 2-28-94  
\_\_\_\_\_  
Date: \_\_\_\_\_

MICROFILMED  
AUG 05 1994

State of Idaho )  
County of Ada ) SS.

Subscribed and sworn (or affirmed) before me this 28<sup>th</sup> day  
of March 19 94

Kathryn A. Walker  
Notary Public

Seal

Residing at Engle, Idaho  
My Commission Expires 2-14-1999

MICROFILMED  
AUG 05 1994