

IDAHO DEPARTMENT OF WATER RESOURCES 01/04/2002
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

Water Right 29-4033

NAME AND ADDRESS: LARAE LISH
PO BOX 189
INKOM ID 83245

SOURCE: LOWER ROCK CREEK TRIBUTARY: PORTNEUF RIVER

QUANTITY: 0.10 CFS

PRIORITY DATE: 04/01/1952

POINT OF DIVERSION:

T07S R36E S36 SENWSW Within BANNOCK County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	04/01 10/31	0.100 CFS

PLACE OF USE: IRRIGATION Within BANNOCK County

T07S R36E S35 NESE 5.0

5 ACRES TOTAL

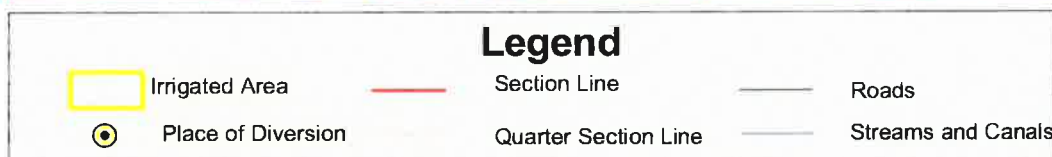
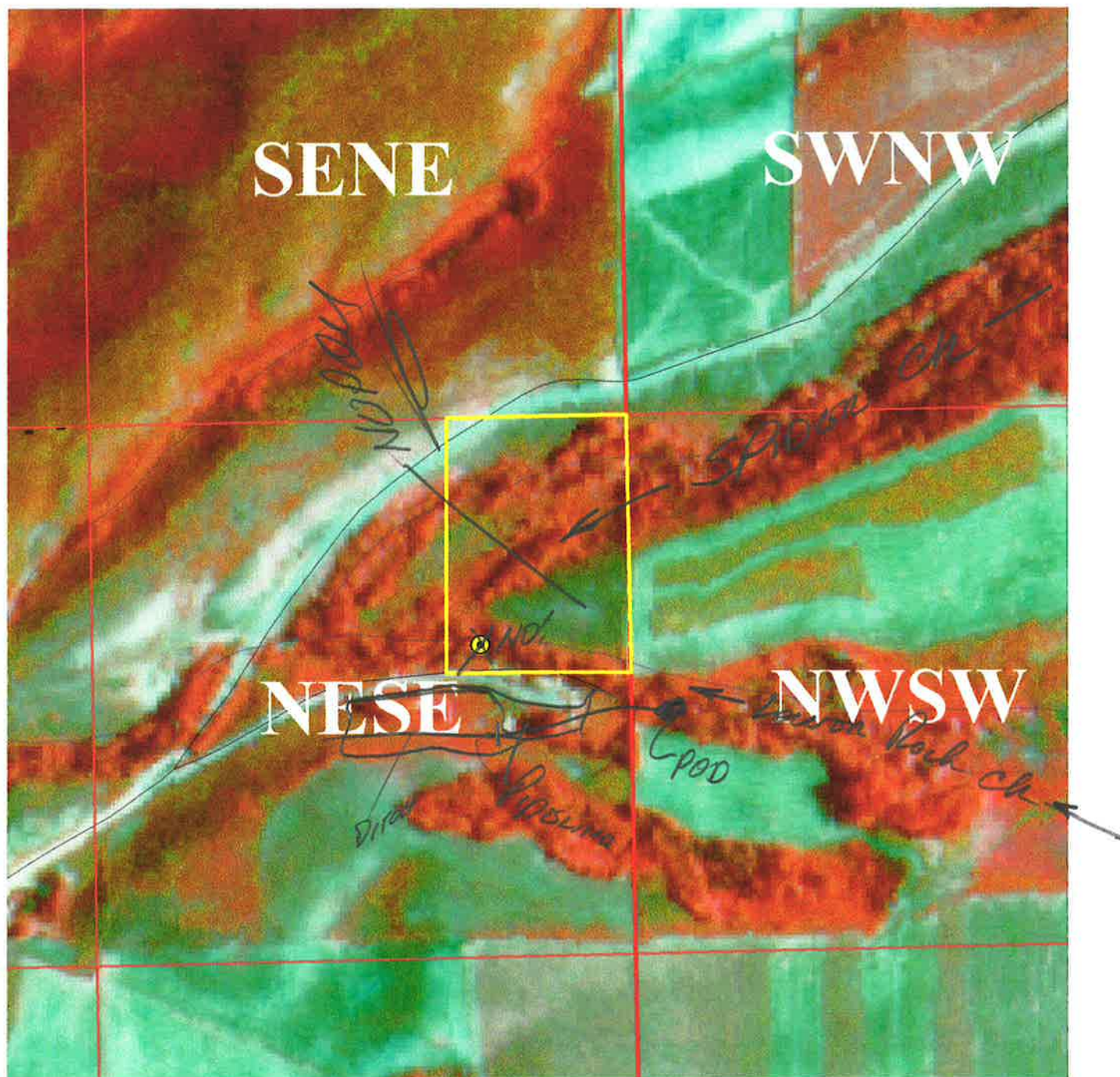
OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

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: Beneficial Use

RIGHT INCLUDES ACCOMPLISHED CHANGE IN POINT OF DIVERSION
PURSUANT TO SECTION 42-1425, IDAHO CODE.

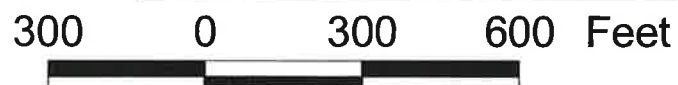
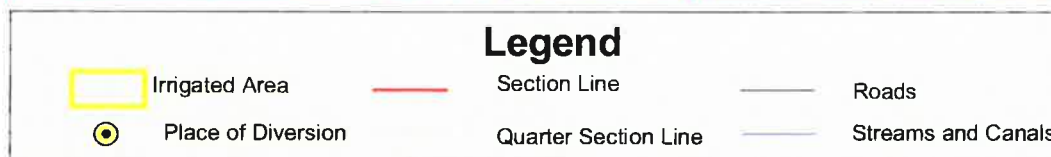
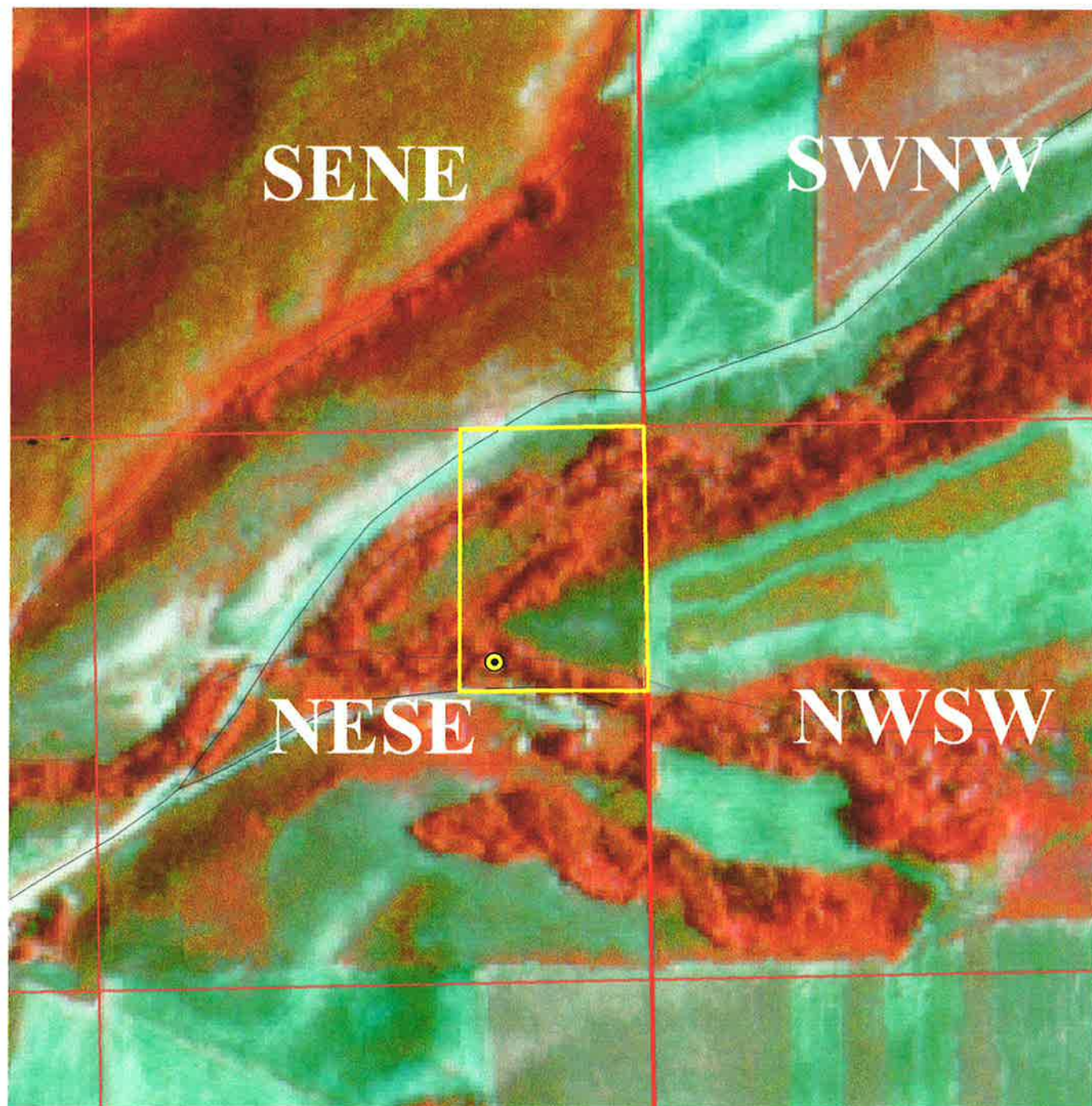
Township , 7S36E



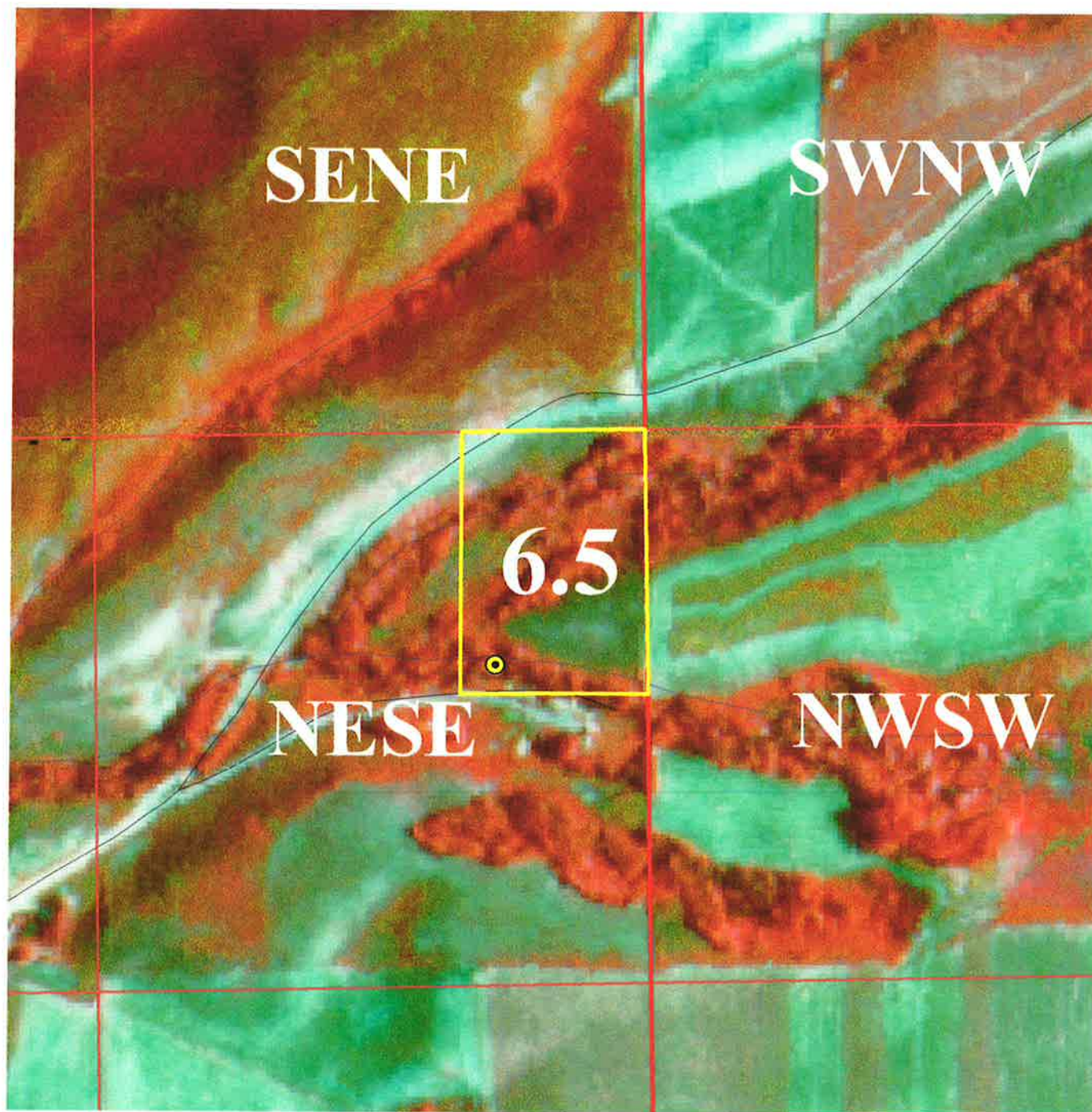
300 0 300 600 Feet



Township , 7S36E



Township , 7S36E



02/25/2003

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: April 21, 2003

Water right number: 29-4033

LARAE LISH
PO BOX 189
INKOM ID 83245

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: 3-6-03

SIGNATURE:

LaRae Lish

Please print your name:

LaRae Lish

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

SCANNED

MAR 01 2006

PROFILED

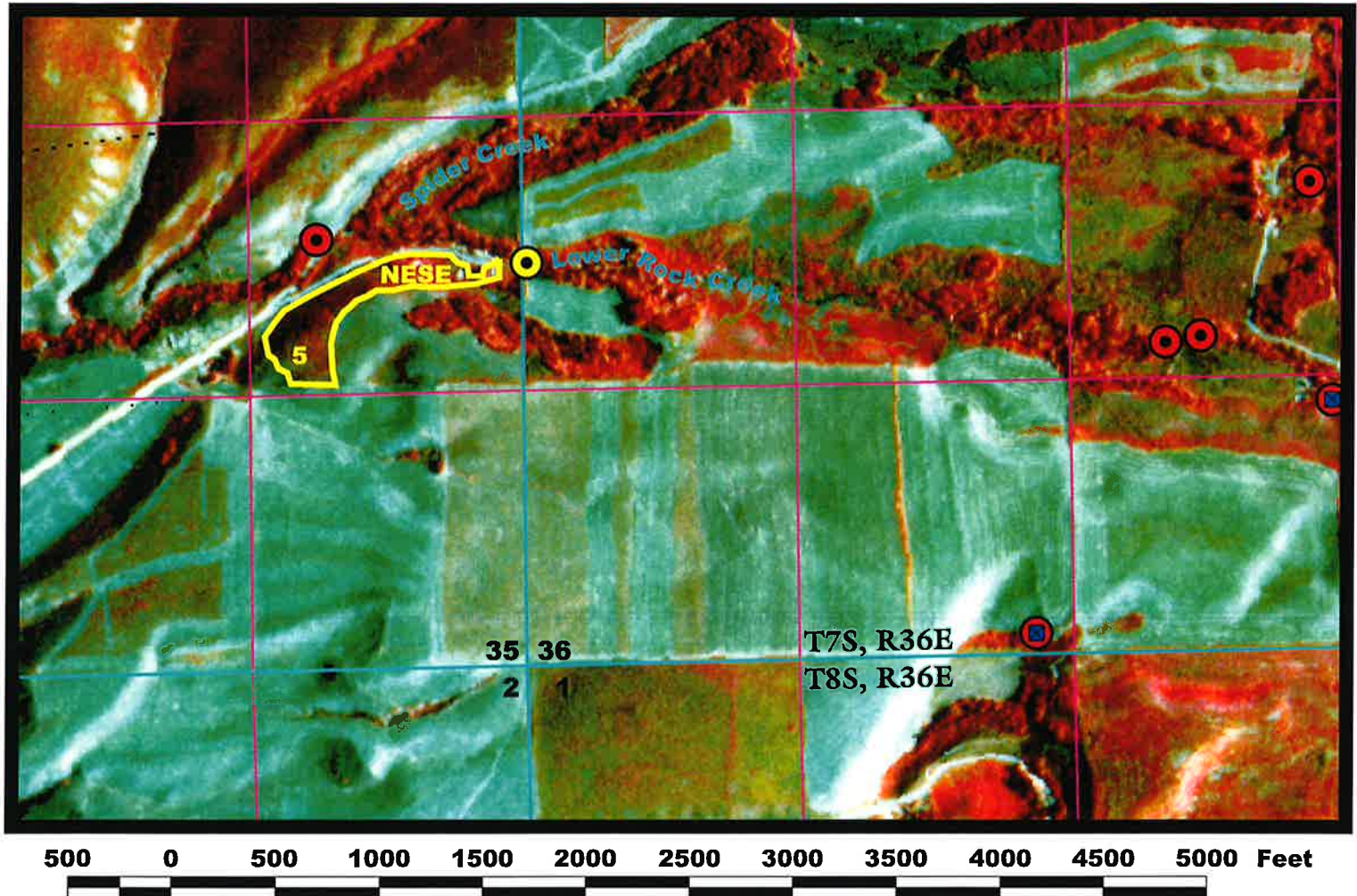


STATE OF IDAHO

Department of Water Resources

Eastern Region

Water Right(s): 29-04033



LEGEND

 **Place of Use**

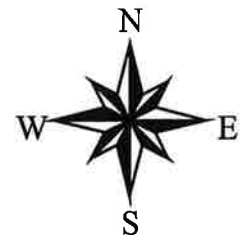
 **Section**

 **Quarter-Quarter**

 **Point of Diversion**

Place of Use: T7S, R36E
(part of) Sec. 35 NESE

Point(s) of Diversion: T7S, R36E
Sec. 36 SENWSW



GIS Place of Use Illustration
1987/1988 NAPP photography
Prepared by: A. Ruberry
Date: January 2002

MAY 18 2001

> <

29-04033

PER 42-225a PC

- (1) Priority Date SUPPORTED BY AFFIDAVITS — OK
- (2) Period of Use for BU inis BY Dept. STD is 4/1 to 14/31.
- (3) Claims 0.02/ac $\Rightarrow$ RECOMMEND .02/ac BUT ON 5AC. (NOT 6th)
in Cts $\Rightarrow$ 0.10 (NOT 0.12)
- (4) Basis is BU.

10/25/01 VISITED w/ Mrs. Lish. TOWN POOL & POD. She said
Contractor HAD BEEN THERE AND DONE HIS BUSINESS —

- (5) Do % , CC ATTACHED.

FIELD EXAM:

- (1) POOL Layout
POD Location
- (2) Measurements - Contractor



IDAHO DEPARTMENT OF WATER RESOURCES

SNAKE RIVER BASIN ADJUDICATION - BASIN 29

RIGHT ID 29 4033
POD ID 202920
Quad Bonneville Peak
Claim Type L
Easting 646747
Northing 186626
GPSID A0011662

Diversion Description

FLOW OF CREEK IS DIVERTED INTO DEMPSEY/TOPAZ CANAL SYSTEM. High water mark at 8 inches. Slope is approx .1%. 8 ft wide rectangular channel. Check structure located in creek (see photos 3 & 4).

*THIS INFORMATION IS INACCURATE.
SUB BACK FOR EXPLANATION.*

Assumptions

Slope.

Invoice

2000-037-01-0

Phase-0 (No Attention)
Phase-I (Ready to Go to Field)
Phase-II (Site Visit - Data Missin)
Phase-III (Complete w/issues)
Phase-IV (Total Complete)

Linked

POD ID 202920 01.jpg POD ID 202920 03.jpg

Photos

POD ID 202920 02.jpg POD ID 202920 04.jpg

EPE (ft)

Date (M/D/Y)

Time

Flow Rate (CFS)

4.32872334432131

Open Channel Flow

☒ Complete one box from both Area and Calculation sections

Cross Sectional Area

☐ Circular Channel

- ☐ Less than half full
☐ Half full
☐ More than half full
☐ Full

Diameter 0

Depth 0.667

☒ Rectangular Channel

Width 8

Depth 0.667

Flow Calculation

☐ Continuity

Velocity

0

☐ Orifice

(Use only for head over a pipe flowing full with free discharge)

Depth of Water above orifice centerline

☐ Weir

(Use only for water flowing freely over weir)

Height of water above nappe

Width of weir

☐ Manning (If used, include photo of representative channel section)

Channel Slope 0.001

Channel Description

Concrete lined .016
Smooth earth .025
Earth .033
Rough bed, weeds on sides .04
Smooth natural stream .033
Rough natural stream .1

Pumped System

HP

Pressure Head (psi)

Elevation Head (ft)

Motor Mfg

Motor Serial #

Pump Type

Pump Mfg

Pump Serial#

New Contact Information

New Contact Comments

*claims 0.12 cfs on
GAC.
GDS => 50 ac
∴ 0.10 cfs*

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OVER



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

May 3, 2001

DAVID H LISH
PO BOX 189
INKOM ID 83245

RE: CHANGE OF ADDRESS FOR A29-04033, A29-07204, A29-04038B AND A29-10829

Dear Mr. Lish:

It has come to our attention that your address may have recently changed. The address currently recorded on the above referenced water right(s) is as follows:

David H Lish
841 E Nester Rd
Inkom ID 83245

We recommend if, in fact, the address in question has been changed, you file a "Change in Address" with this department in order that we may send all further correspondence to the appropriate address.

Enclosed is a Change in Address form. Please fill out the form completely, sign and date it and return it to my attention.

If you have any questions regarding this matter, please call 525-7161.

Respectfully submitted,

Cheri Vandermeulen

Cheri Vandermeulen
Records Clerk

Enclosure(s)

Review w/ cc of
Donor Cont.

DELOG
AR
11-8-01

RECEIVED

NOV 08 2001

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 No(s): _____

Adjudication Claim No(s): A29-07204, 29-04033

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** showing the location of the place of use of the water right(s) or claim(s). (These are usually attached to your deed or on file with the county.)

OR

C. If your water right or adjudication claim is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former
Owner/Claimant

DAVID H LISH

4. New Owner/Claimant(s)

LARAE LISH

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

PO BOX 189

City, State and ZIP Code

TRUKOM IDAHO 83246

New Telephone Number

(208) 775-3739

5. Date you acquired the property

4-7-1970 - see deed & DCLer

6. Did you acquire all of the former owner's property? If you did, skip this item and go to item 7. If you acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). Describe in detail your portion of each water right or adjudication claim in the spaces in the box below **only if the water right(s) or claim(s) need to be split between owners.** If necessary, attach additional pages. 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.

Number of acres you irrigate with this water right _____ Number and type of stock _____

Diversion rate in CFS _____ Number of homes you acquired _____ Other uses _____

7. Signature of New Owner(s)
or Claimant(s)

Larae Lish

Corporations or other organizations must submit a list of directors and/or officers demonstrating authority to sign 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.

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 & 39-2414

State File No. _____
Local Reg. No. 6-113

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PEN

NAME OF DECEDENT:
For use by physician or institution

DECEDENT — NAME FIRST DAVID		MIDDLE HOWARD		LAST LISH		SEX Male	DATE OF DEATH (Month, Day, Year) March 16, 1992
SOCIAL SECURITY NUMBER 518-26-1293		AGE - Last Birthday (Yrs.) 65	UNDER 1 YEAR MONTHS _____ DAYS _____	UNDER 1 DAY HOURS _____ MINS _____	DATE OF BIRTH (Month, Day, Year) May 27, 1926		BIRTHPLACE (City and State or Foreign Country) Inkom, 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 (4) ☐ Home (5) ☒ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify) _____			
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 841 E. Nestor Rd. (Private Residence)					CITY, TOWN OR LOCATION OF DEATH Inkom, Idaho		COUNTY OF DEATH Bannock
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) LaRae Barron		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Foreman		KIND OF BUSINESS / INDUSTRY Cement Plant	
RESIDENCE STATE Idaho	COUNTY Bannock	CITY, TOWN OR LOCATION Inkom		STREET AND NUMBER 841 East Nestor Road		ZIP CODE 83245	
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		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+)	

PARENTS

FATHER — NAME Howard Samuel Lish	BIRTHPLACE Idaho	MOTHER — FULL MAIDEN NAME Arla Richardson	BIRTHPLACE Idaho
--	----------------------------	---	----------------------------

INFORMANT

INFORMANT'S NAME (Type/Print) LaRae Lish	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 841 East Nestor Road Inkom, Idaho 83245
--	--

DISPOSITION

METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Inkom Cemetery	LOCATION — City or Town, State Inkom, Idaho
--	---	---

CAUSE OF DEATH

SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		LICENSE NUMBER (of Licensee) M-597	NAME AND ADDRESS OF FACILITY Henderson Funeral Home Pocatello, Idaho	
TIME OF DEATH 9:15 A.M.	DATE PRONOUNCED DEAD (Month, Day, Year) March 16, 1992	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 IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST			Approximate Interval Between Onset and Death 4 mo.	
a. Respiratory arrest DUE TO (or as a consequence of): b. Widespread metastatic melanoma DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____ DUE TO (or as a consequence of):				
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.			WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No	

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

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>[Signature]</i> June Heilman, M.D.	LICENSE NUMBER M-4221	DATE SIGNED (Month, Day, Year) 19 Mar 92
NAME AND ADDRESS OF CERTIFIER (Type/Print) June Heilman, M.D., 333 N. 18th Ave., Pocatello, Idaho 83201		

TO BE USED FOR EXTERNAL CAUSES ONLY

DATE OF INJURY (Mo., Day, Yr.) 30a	HOUR OF INJURY 30b	DESCRIBE HOW INJURY OCCURRED 30c
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) 30d		LOCATION (Street or Route Number, City/Town, or County, and State) 30e

CORONER'S REVIEW AREA

CORONER'S ACTION (Check One) (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified	CORONER'S SIGNATURE 31b	DATE SIGNED (Month, Day, Year) 31c
---	-----------------------------------	--

REGISTRAR

REGISTRAR'S SIGNATURE <i>[Signature]</i> 32a	DATE FILED (Month, Day, Year) Mar. 23, 1992 32b
---	---

VITAL STATISTICS COPY

(STATE OF IDAHO)
(County of Bannock)

For Monies Paid
to the
IDAHO DEPARTMENT OF WATER RESOURCES

Receipt No: M006407

Date: 03/28/90
Time: 15:22:51

Received

From: LISH, DAVID H. & LARAE

Type of Payment

ADJUDICATION FEE

Program Acct Class

0410162 9337 6490

Amount

\$237.00

Total

\$237.00

CHECK 1667

WR/NO: A29-04038B A29-10829 A29-04033 A29-07204

Idaho Department of Water Resources

Region: MOBILE I

Signature:

Richard W. Haumann

x Howard S. Lish. [SEAL]
x Arla Lish. [SEAL]

Log for claim A29-04033

Spatial Dynamics AMH

8/11/00

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
07s36e	35	NESE	6	6.5	
Totals:			6	6.5	

AJ5809NP
No. A29-04033

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 05/22/00
PAGE: 137

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	DAVID H LISH 841 E NESTER RD INKOM ID 83245 (208) 775-3739	04/01/1952	IRRIGATION	04-01 11-01	0.120 CFS	21.00 AFA
					TOTAL DIVERSION:	0.120 CFS
					CONSUMPTIVE USE:	21.00 AFA 15.00 AFA

Water Source: LOWER ROCK CREEK

Tributary to: PORTNEUF RIVER

Stage: STATUTORY CLAIM

Point(s) of Diversion:

T07S R36E S35

NENESE

BANNOCK County

Place of use Legal Description for: IRRIGATION

				NE				NW				SW				SE												
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	SUM			

07S 36E 35 :																								:	06		:	6.0
																								TOTAL ACRES		:	6.0	

POU County: BANNOCK

Other Rights: NONE

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):
29-10829 A29-04032 A29-10829

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:

Presumption Flag:

Audit: 03/28/90 HAUMANN 07/15/94 THOMPSON 03/29/95 POST-STD

RECEIVED

JUN 25 1974

Department of Water Administration
AFFIDAVIT Eastern District Office

IN THE MATTER OF:

State of Idaho

County of Bannock

Evan Barron being first duly sworn,
deposes and says: David Howard Lisk has
used water from Lower Rock Creek
continuously since April 1952. He
irrigates six acres with in the
following description of land -
NE 1/4 SO 1/4 Sec. 35 - TWP 7S Rgn. 36 ERM.
Bannock County.

Evan Barron
(signature)

Subscribed and sworn to before me this 25 day of June 19 74.

Grace Ashton
(notary public)

Residing at Takoma, Idaho
My commission expires 7-20-77

29-4033

RECEIVED

JUN 25 1974

AFFIDAVIT of Water Administration
Eastern District Office

IN THE MATTER OF:

State of Idaho

County of Bannock

Alvin M. Link being first duly sworn,
deposes and says: David H Link to my knowledge
has used water from Lower Rock
Creek for 6 acres since April 1952.
I have lived 43 years within 3/4 of a
mile of this property NE 1/4 Sec. 14
Sec. 35 - Twp 7S Rge 36E B.M. Co. of Bannock,

Alvin M. Link
(signature)

Subscribed and sworn to before me this 25 day of June 19 77.

Grace Ashton
(notary public)

Residing at Idaho, Idaho
My commission expires 7-30-77 29-4033

MAY 18 2001

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: A29-04033
Date Received: 3/28/1990
Receipt No: M006407
Received By: RWH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DAVID H. LISH 208-775-3739
Address: 841 E.NESTER RD.
INKOM, ID 83245

2. Date of Priority: APR 01, 1952

3. Source: LOWER ROCK CREEK Trib. to: PORTNEUF RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
07S	36E	35	NE	NE	SE		BANNOCK

5. Description of diverting works:
ROCK DAM IN CREEK INTO SPRINKLER PIPE TO OPEN DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.120		21.00

7. Total Quantity Appropriated is:
0.120 C.F.S. (and/or) 21.00 A.F.A.

8. Total consumptive use is 15.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
07S	36E	35	NE	SE		IRR	6.0

Section Acres 6.0

Total Acres 6.0

A29-04033

Page 1

Date: 03/28/90

A2904033



MICROFILMED
NOV 13 1992

11. Place of use in counties: BANNOCK
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: STATUTORY CLAIM
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: 1

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): David H. Lish Date: 3-28-90

Date: _____

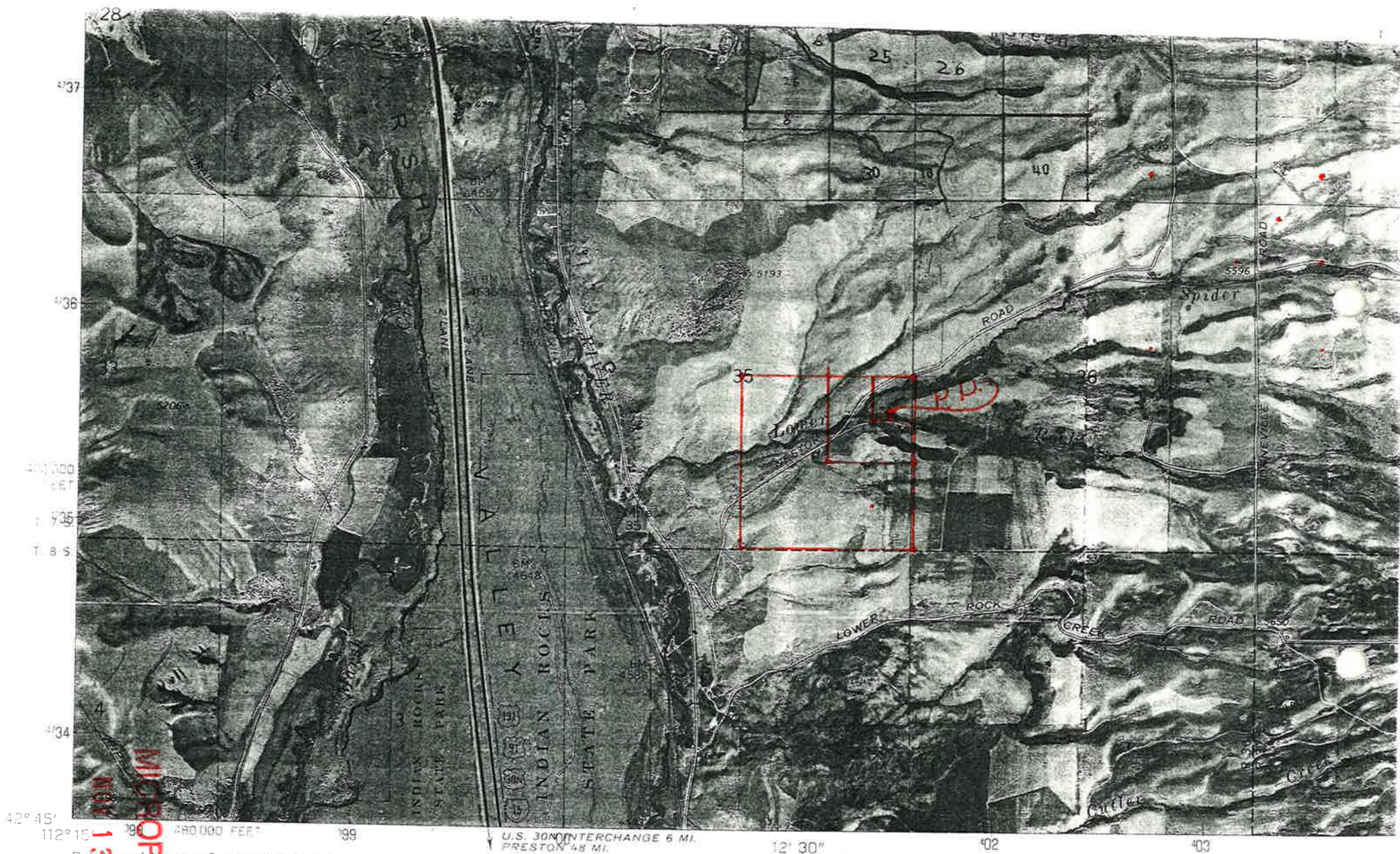
State of Idaho)
County of Bannock) SS.

Subscribed and sworn (or affirmed) before me this 20 day
of March 19 90

John Paul Carson
Notary Public

Seal

Residing at Boise ID
My Commission Expires 4/2/94



MICROFILMED
 1981
 1319

Produced by the Geological Survey
 in cooperation with the Forest Service
 Orthophotograph prepared from 1:78,000-scale
 aerial photographs taken August 7, 1971
 Projection and 10,000-foot grid ticks conform to
 U.S. standard zone and boundary projections

P.D. T7S R.35E Sec. 35 NE NE SE

SCALE 1:24,000

