

01/16/2003

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

RIGHT NUMBER: 29-4471
NAME AND ADDRESS: DONNA M LEAMAN
9259 GIBSON JACK CREEK RD
POCATELLO ID 83204

STEVE LEAMAN
9259 GIBSON JACK CREEK RD
POCATELLO ID 83204

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.070 CFS
7.400 AFY

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

PRIORITY DATE: 10/01/1961

POINT OF DIVERSION:

T07S R35E S18 SWSESE Within BANNOCK County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	01/01 12/31	0.020 CFS 0.60 AFY
IRRIGATION	04/01 10/31	0.050 CFS 6.80 AFY

PLACE OF USE: DOMESTIC Within BANNOCK County

T07S R35E S19 SESE

IRRIGATION Within BANNOCK County

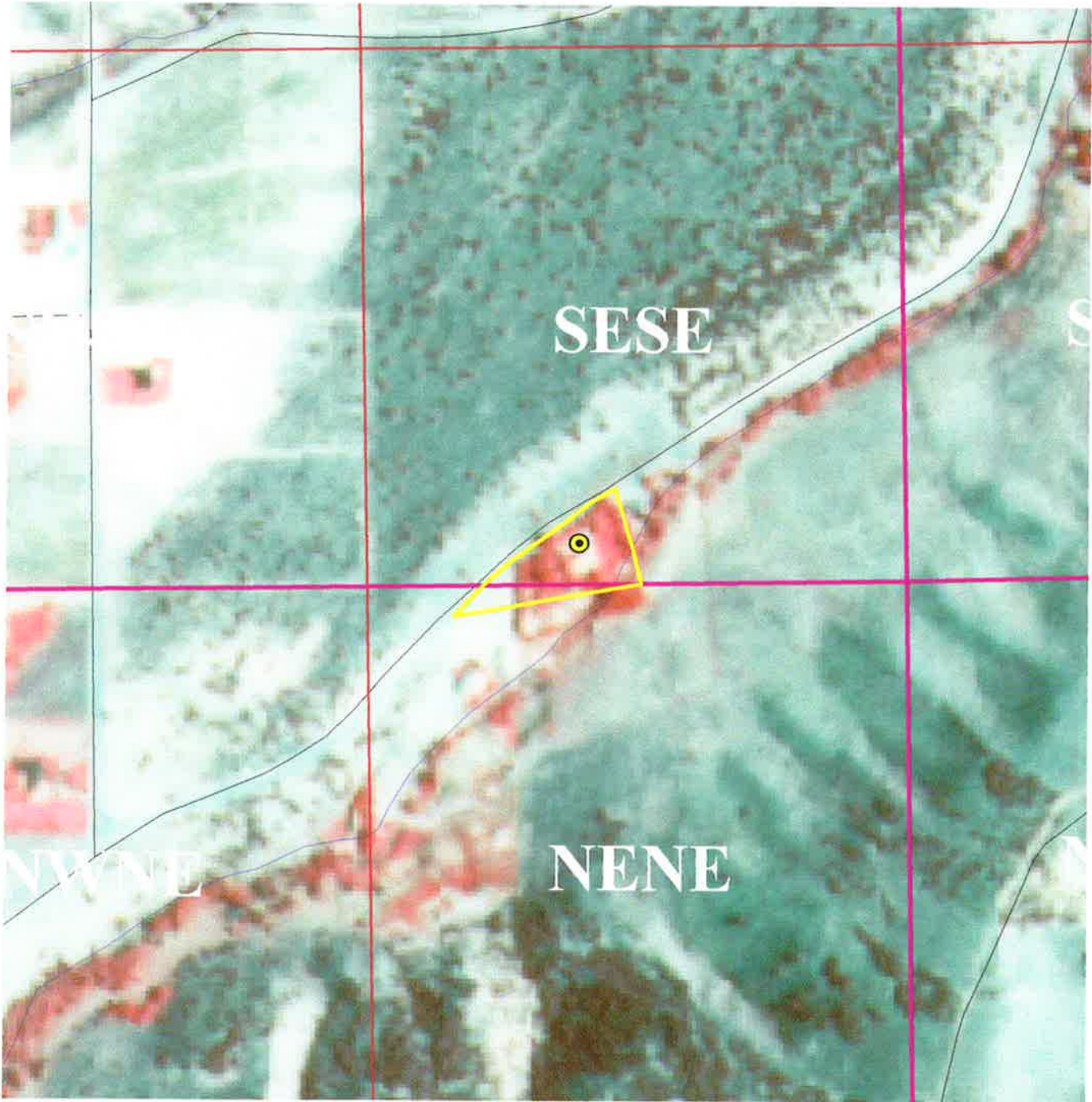
T07S R35E S18 SESE 1.3 T07S R35E S19 NENE 0.4

1.7 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



 Irrigated Area

 Place of Diversion

 Section Line

 Quarter Section Line

 Roads

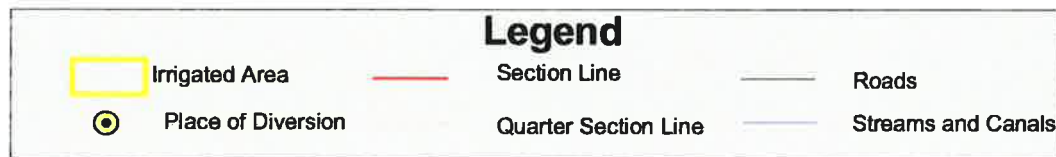
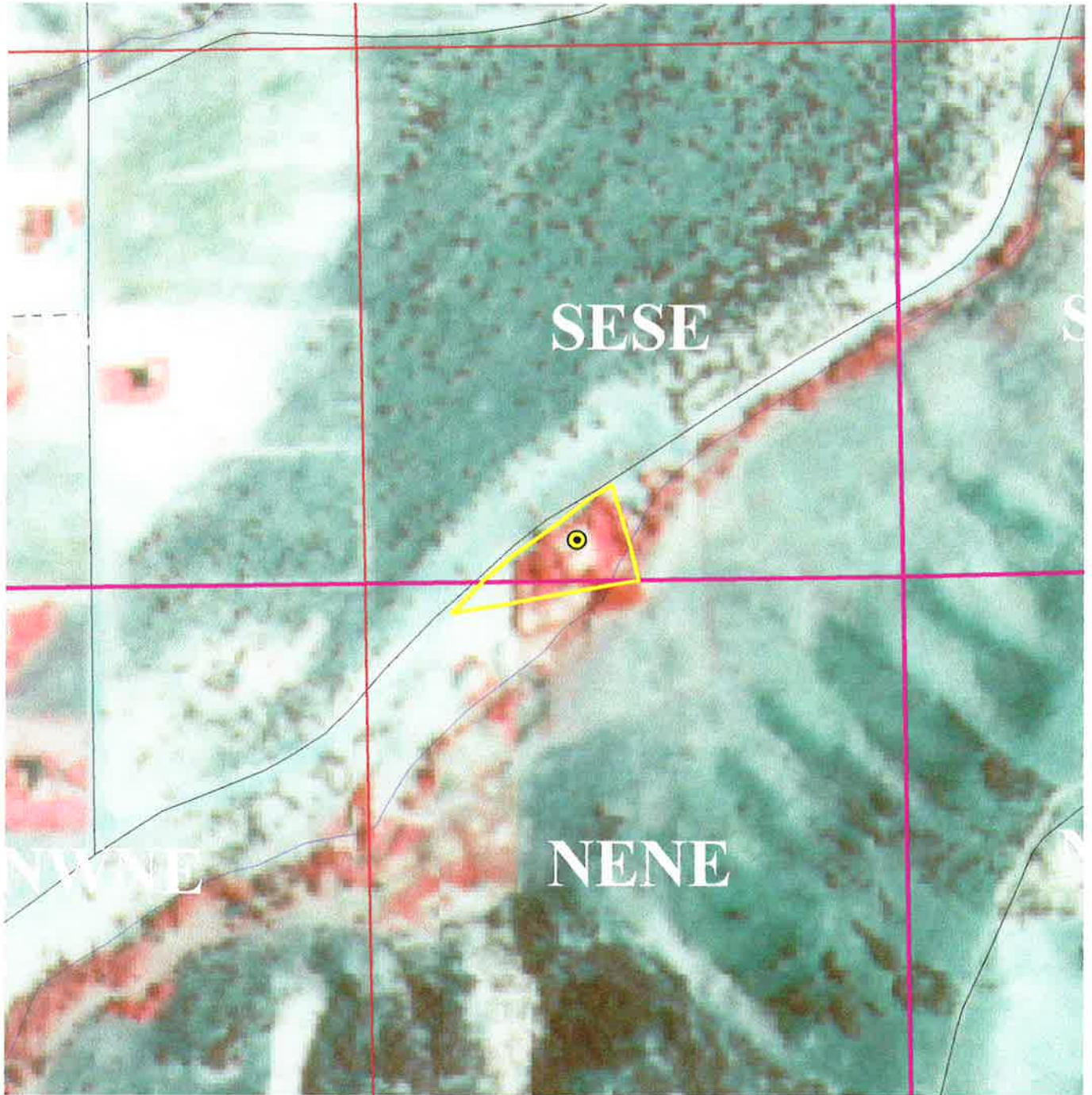
 Streams and Canals

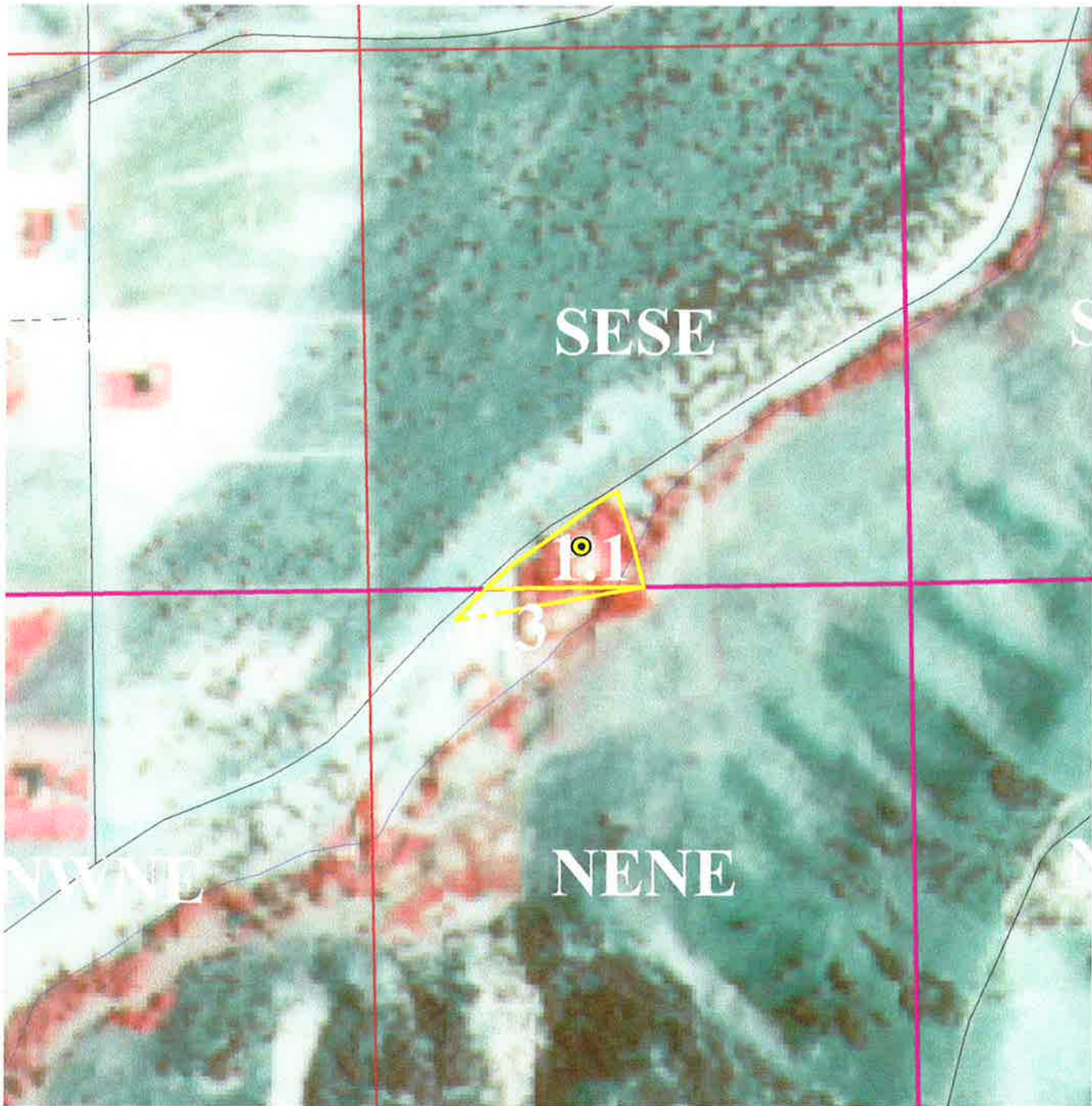
Legend



Water Right Claim Number A29-04471
Township , 7S35E

09/06/2000





 Irrigated Area

 Place of Diversion

 Section Line

 Quarter Section Line

 Roads

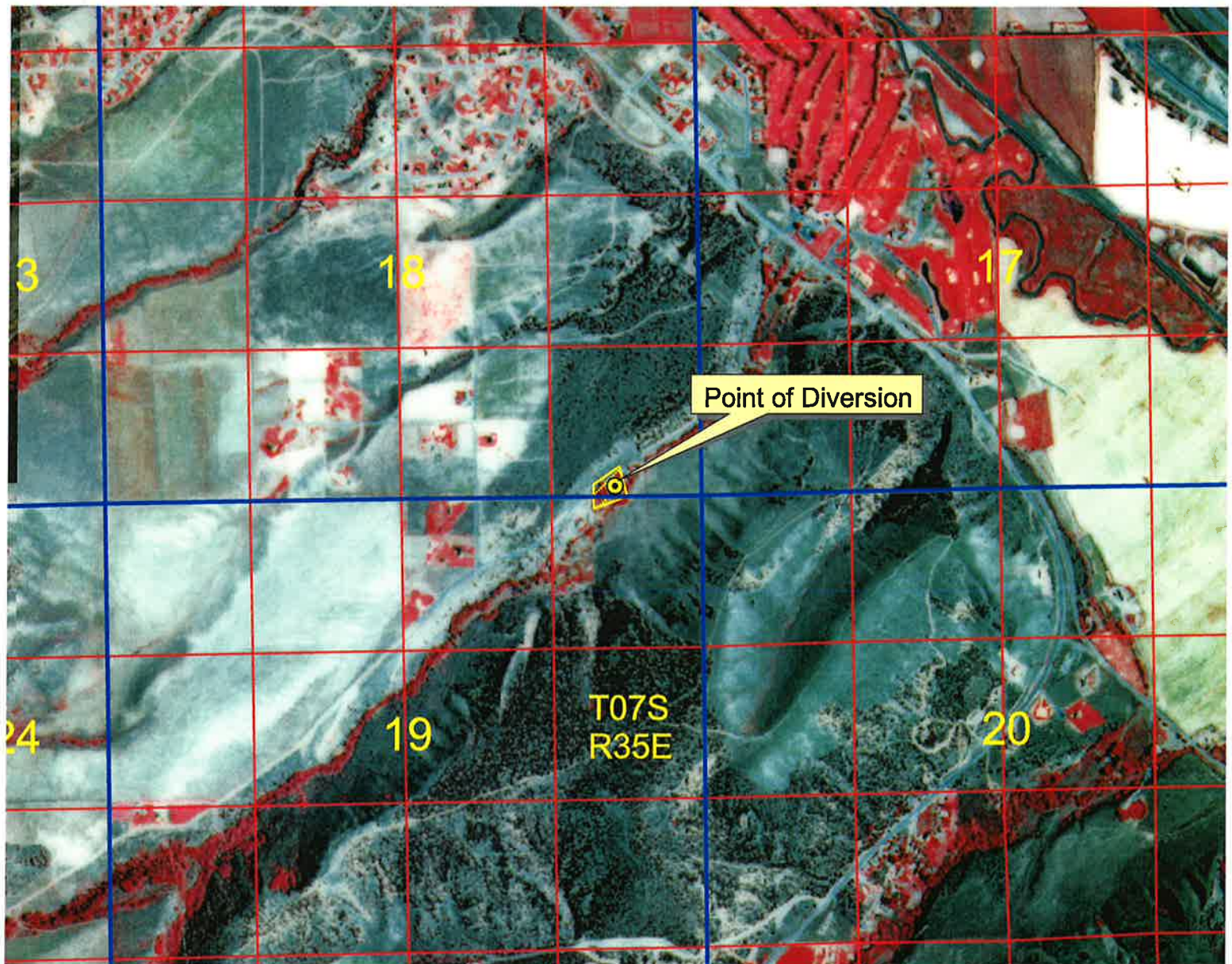
 Streams and Canals

Legend





State of Idaho
Department of Water Resources
Eastern Region
Water Right 29-4471



0.5 0 0.5 1 Miles

PROFILED

1:16000



-  Point(s) of Diversion
-  Place of Use
-  Section Lines
-  Quarter Quarter Lines

SCANNED
MAR 3 11 2006

GIS Place of Use Illustration
1987/1988 NAPP Photography
Prepared by: P. Meyer
Date: January 2003

02/13/2003

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: 29-4471

DONNA M LEAMAN
9259 GIBSON JACK CREEK RD
POCATELLO ID 83204
Telephone Number: (208)233-7930

STEVE LEAMAN
9259 GIBSON JACK CREEK RD
POCATELLO ID 83204
Telephone Number: (208)233-7930

RECEIVED

MAR 10 2003

WATER RESOURCES
WESTERN REGION

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 2-26-03 SIGNATURE: DONNA M LEAMAN

Please print your name: STEVE LEAMAN

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

PROFILED

SCANNED

MAR 30 2003

Craig -

RECEIVED

JUL 31 2001

Department of Water Resources
Eastern Region

Here is the copy that you
requested, to remove my
husbands name -

my Sons name -

"Steve Leamon" should
be put under mine, as, the
place will be his -

Thank you -

Donna M. Leamon
9259 W. Gibbon Jack Ln Rd
Pocatello, Idaho
83204

PROFILED

SCANNED

MAR 30 2006

RECEIVED

JUL 31 2001

State of Idaho
CERTIFICATE OF DEATH

Department of Water Resources File No.

Local Reg. No. 6-157

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED FOR PROOF OF DEATH.

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PENNAME OF DECEDENT:
For use by physician or institution

DECEDENT — NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, Day, Year)
1. ~~Malcolm~~	ROLAND	Malcolm	Leaman	Male	May 4, 1990
SOCIAL SECURITY NUMBER	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (City and State or Foreign Country)
4. ~~289-22-0049~~	63			February 2, 1927	Toledo, Ohio
5. WAS DECEDENT EVER IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one) *	HOSPITAL	OTHER		
☒ Yes ☐ No	(1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA		(4) ☐ Licensed Nursing 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)		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH
8a. 9259 Gibson Jack (Private Residence)		8c. Pocatello		8d. Bannock
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	KIND OF BUSINESS / INDUSTRY
10. Married	11. Donna Mae Baker		12a. Carpenter	12b. Roofing Industry
RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER	ZIP CODE
13a. Idaho	13b. Bannock	13c. Pocatello	13d. 9259 West Gibson Jack	13e. 83204
INSIDE CITY LIMITS?	WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	RACE — American Indian, Black, Japanese, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
☐ Yes ☒ No	☐ Yes ☒ No	15. White	Elementary/Secondary (0-12) College (1-4 or 5+)	
13f. (Specify):		16. 6		

PARENTS

FATHER — NAME	BIRTHPLACE	MOTHER — FULL MAIDEN NAME	BIRTHPLACE
17a. William Leaman	17b. Wisconsin	15a. Helen Perry	15b. Ohio

INFORMANT

INFORMANT'S NAME (Type/Print)	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
19a. Donna Mae Leaman	19b. 9259 West Gibson Jack Pocatello, Idaho 83204

DISPOSITION

METHOD OF DISPOSITION	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	LOCATION — City or Town, State
☒ Burial ☐ Cremation ☐ Removal from Idaho 20a. ☐ Donation ☐ Other (Specify)	20b. Mountain View Cemetery	20c. Pocatello, Idaho

CAUSE OF DEATH

SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	LICENSE NUMBER (of Licensee)	NAME AND ADDRESS OF FACILITY
21a. <i>[Signature]</i>	21b. M-597	22. Henderson Funeral Home 431 N. 15th Ave. Pocatello, Idaho 83201
TIME OF DEATH	DATE PRONOUNCED DEAD (Month, Day, Year)	WAS CASE REFERRED TO CORONER?
23. 9:00 A.M.	24. May 4, 1990	25. ☐ Yes ☒ No
		MANNER OF DEATH (Check One)
		26. ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined

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

a. *cardiac arrest*
DUE TO (or as a consequence of):

b. *coronary artery disease*
DUE TO (or as a consequence of):

c. _____
DUE TO (or as a consequence of):

d. _____
DUE TO (or as a consequence of):

Approximate Interval Between Onset and Death

*Sudden**1986*

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 CAUSE, THE CORONER MUST COMPLETE AND SIGN THIS 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	LICENSE NUMBER	DATE SIGNED (Month, Day, Year)
28a. <i>[Signature]</i>	28b. M-1506	28c. 5/16/90
NAME AND ADDRESS OF CERTIFIER (Type/Print)		
29a. Lloyd S. Call M.D. 1352 East Center Pocatello, Idaho 83201		

TO BE USED FOR EXTERNAL CAUSES ONLY

DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
30a.	30b.	30c.
INJURY AT WORK?	IF TRANSPORTATION ACCIDENT, Specify	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
☐ Yes ☐ No	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	LOCATION (Street or Route Number, City/Town, or County, and State)
30d.	30e.	30f.

CORONER'S REVIEW AREA

CORONER'S ACTION (Check One)	CORONER'S SIGNATURE	DATE SIGNED (Month, Day, Year)
31a. (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified	31b. <i>[Signature]</i>	31c.

REGISTRAR

REGISTRAR'S SIGNATURE	DATE FILED (Month, Day, Year)
32a. <i>[Signature]</i>	32b. May 21, 1990

NAME OF DECEDENT For use by physician		12a. Idaho		12b. Bannock		12c. Pocatello		12d. 9259 West Gibson Jack		12e. 83204	
13a. INSIDE CITY LIMITS?		13b. WAS DECEDENT OF HISP. ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexi, Porto Rican, etc.)		13c. RACE — American Indian, Black, Japanese, White, etc. (Specify)		13d. 18. DECEDENT'S EDUCATION (Specify only highest grade completed)		13e. Elementary/Secondary (0-12)		13f. College (1-4 or 5+)	
☐ Yes ☒ No		☐ Yes ☒ No		White		6					
PARENTS				FATHER — NAME		BIRTHPLACE		MOTHER — FULL MAIDEN NAME		BIRTHPLACE	
				17a. William Leaman		17b. Wisconsin		17c. Helen Perry		17d. Ohio	
INFORMANT				INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
				19a. Donna Mae Leaman		19b. 9259 West Gibson Jack Pocatello, Idaho 83204					
DISPOSITION				METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION — City or Town, State			
				☒ Burial ☐ Cremation ☐ Removal from Idaho		Mountain View Cemetery		Pocatello, Idaho			
				20a. ☐ Donation ☐ Other (Specify)		20b. LICENSE NUMBER (of Licensee)		20c. NAME AND ADDRESS OF FACILITY			
				20a. <i>[Signature]</i>		20b. M-597		20c. Henderson Funeral Home 431 N. 15th Ave. Pocatello, Idaho 83201			
TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)					
23. 9:00 A.M.		24. May 4, 1990		25. ☐ Yes ☒ No		26. ☒ 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 (Final disease or condition resulting in death)											
a. <i>Cardiac arrest</i>											
b. <i>Coronary artery disease</i>											
c. <i>1986</i>											
d. <i>Sudden</i>											
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 (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.											
28a. SIGNATURE AND TITLE OF CERTIFIER											
<i>[Signature]</i>											
28b. LICENSE NUMBER											
28c. DATE SIGNED (Month, Day, Year)											
28d. NAME AND ADDRESS OF CERTIFIER (Type/Print)											
28e. Lloyd S. Call M.D. 1352 East Center Pocatello, Idaho 83201											
DATE OF INJURY (Mo., Day, Yr.)											
HOUR OF INJURY											
DESCRIBE HOW INJURY OCCURRED											
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)											
(1) ☐ Reviewed Only											
(2) ☐ Reviewed, Completed Items 26 and/or 30											
(3) ☐ Reviewed, Amended and Certified											
CORONER'S SIGNATURE											
DATE SIGNED (Month, Day, Year)											
REGISTRAR'S SIGNATURE											
<i>[Signature]</i>											
DATE FILED (Month, Day, Year)											
32a. May 21, 1990											

(STATE OF IDAHO)
(County of Bannock)

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 Southeastern District 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

SCANNED
Date Issued *May 21 1990*
State Registrar of Vital Statistics
Richard W. Blair

IDAHO DEPARTMENT OF WATER RESOURCES
Adjudication Claim Report

04/12/2001

WATER RIGHT NO. 29-4471

Owner Type
Current Owner
Current Owner

Name and Address
DONNA M LEAMAN — *Deceased*
ROLAND M LEAMAN
9259 GIBSON JACK CREEK RD
POCATELLO, ID 83204
(208)233-7930

RECEIVED

MAY 08 2001

Department of Water Resources
Eastern Region

Priority Date: 05/01/1957
Basis: Beneficial Use
Status: Active

Source
GROUND WATER

Tributary to

Beneficial Use
IRRIGATION
DOMESTIC

From	To	Diversion Rate	Volume	Subuse Code
3/15	11/15	0.2 CFS		
1/01	12/31	0.04 CFS		

Total Diversion 0.24 CFS

Location of Point(s) of Diversion:

GROUND WATER

SWSESE

Sec. 18

Township 07S

Range 35E

BANNOCK County

IRRIGATION Use:
Acre Limit: 1.7

Place(s) of use:

Place of Use Legal Description: IRRIGATION

BANNOCK County

Township	Range	Section	Lot	Tract	Acres	Lot	Tract	Acres	Lot	Tract	Acres	Lot	Tract	Acres
07S	35E	18		SESE	1.3									
		19		NENE	0.4									

Place of Use Legal Description: DOMESTIC

BANNOCK County

Township	Range	Section	Lot	Tract	Acres	Lot	Tract	Acres	Lot	Tract	Acres	Lot	Tract	Acres
07S	35E	19		SESE										

Total Acres: 1.7

Remarks:

1. General

IRRIGATED ACRES = 1.7

I Donna M Leaman, moved into this home the later part of 1961, and have been using this water since for house and lawns. Thank you.

Dates:

Licensed Date:
Claim Received Date:
Decreed Date:
Enlargement Use Priority Date:
Enlargement Statute Priority Date:

CAROL A. FLORES
NOTARY PUBLIC
STATE OF IDAHO

Water Right 29-4471

*Carol A. Flores, Notary
Bannock County
Commission Expires 7-17-2004*

JUN 13 2001

April 12, 2001

29-04471

RONALD LEAMAN

DONNA LEAMAN

9259 GIBSON JACK CREEK RD

POCATELLO ID 83204

RE: EVIDENCE OF PRIORITY

Dear Claimant (s):

The Idaho Department of Water Resources has recently begun its water right review in Basin 29. The Notice(s) of Claim identified with the number shown **above in the "address" label and at the "end" of this letter** has been filed in the Snake River Basin Adjudication (SRBA). The Notice indicates water usage is based on "Beneficial Use". Water rights of this type are established by the historical use of water, dating back to when water was first used for the purpose claimed, at or on the place of use identified on the Notice. The date the water was first put to use, known as the priority date, has not been confirmed by a license, Decree, or Permit. For this reason, proof must be provided supporting the priority date. **As the claimant, you are responsible for submitting the necessary proof to support the priority date.**

It is important that each element of the Notice be substantiated. For instance, regarding claims for irrigation, the evidence should tend to show that diversion works were in place, that they were capable of diverting the claimed diversion rate, and that the diverted water was beneficially used on the entire claimed place of use on or before the claimed priority date.

For your reference, I have provided a printout of your Notice and the pamphlet entitled **"Evidence of Priority"**. The pamphlet describes the types of evidence required and suggests which documents will fulfill this requirement. While I encourage you to read the entire pamphlet, I direct your attention to the two sections entitled **"What Kind of Evidence is Required"** and **"Some examples of Documents Which May Be Evidence of the Priority Date"**.

4/23/01 Richard Hollingsworth called for his mother Donna Leaman and I explained what I needed for Priority Evidence. Richards personal Rights not found on file.

It is our goal to recommend historical water rights within the Snake River Basin as accurately as possible. Field exams to verify other items of the Notice have been or soon will be conducted by Department personnel.

.....
The Department can not recommend the Notice be decreed by the court if no evidence of a priority date is submitted.
.....

Please submit the documentation supporting the priority date by May 12, 2001, referencing all documents with the corresponding Notice number. If you have any questions not covered by this letter or the enclosed pamphlet, please feel free to contact me at 525-7161.

Respectfully submitted,

Craig L. Saxton
Water Resource Agent
Adjudication Bureau

Enclosure: Brochure on "Evidence of Priority"
Notice of Claim 29-04471

Log for claim A29-04471

Spatial Dynamics LTD

9/6/00

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
07s35e	18	SESE	1.3	1.1	POD placement?
07s35e	19	NENE	0.4	0.3	
Totals:			1.7	1.4	

no other Rights - no microfilm

5/2/01 Donna Leaman Called. she is sending me an affidavit saying she moved into the House in 1961 and The well was in place - nice lady. Ronald Passed 11 yrs ago.

AJ5809NP
No. A29-04471

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 05/18/00
PAGE: 226

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	DONNA M LEAMAN	05/01/1957	IRRIGATION	03-15 11-15	0.200 CFS	
C	ROLAND M LEAMAN		DOMESTIC	01-01 12-31	0.040 CFS	
	9259 GIBSON JACK CREEK RD					
	POCATELLO ID 83204					
	(208) 233-7930					
				TOTAL DIVERSION:	0.240 CFS	
				CONSUMPTIVE USE:		4.90 AFA
	Water Source: GROUNDWATER		Tributary to:		Stage: BENEFICIAL USE	

AJ5809NP
No. A29-04471

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 05/18/00
PAGE: 227

Point(s) of Diversion: T07S R35E S18 SWESE BANNOCK County

Place of use Legal Description for: IRRIGATION

				NE				NW				SW				SE										
				NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:			
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	SUM
07S	35E	18	:					:					:					:						:		
07S	35E	19	:	.4				:					:					:						:		
																							01	:	1.3	
																								:	0.4	
																							TOTAL ACRES	:	1.7	

Place of use Legal Description for: DOMESTIC

				NE				NW				SW				SE										
				NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:			
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	
07S	35E	19	:					:					:					:						:		
																							D	:		

POU County: BANNOCK

Non-Irrigation Uses: D/ ONE HOUSEHOLD

Other Rights: NONE

Other Water Rights Listing Overlapping Place(s) of Use:
A29-00275 A29-04268

Remarks: GEN IRRIGATED ACRES = 1.7

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:
Presumption Flag:

Audit: 03/21/90 BAUMHOFF 07/25/94 THOMPSON 03/29/95 POST-STD

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
CLAIM TO A WATER RIGHT



Under the provisions of Section 42-243, Idaho Code, any person using or claiming rights to the public waters of Idaho established by diversion and application to a beneficial use must file a claim with the Department of Water Resources on or before June 30, 1983. Exempted from this filing are single family domestic uses as defined in Section 42-230(d), Idaho Code. Also exempted are rights represented by a permit, license, decree, adjudicated right, or a previously filed claim.

The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.

Notice is hereby given that Roland Malcolm Lequan
(Name of Claimant)

Gibson Jack C. Rd. Pocatello Idaho 83204 Telephone No. 232 4639

claims a right to the diversion and beneficial use of the surface or ground water. The extent and nature of said claim is as follows:

(1) Date of priority: (When was the water first applied to a beneficial use) May 1 1957

A claim is not acceptable on a ground water source with a priority later than March 25, 1963 or on a surface water source with a priority later than May 20, 1971. An exception is that a claim may be filed on single family domestic use from a ground water source.

(2) Describe the source of water: (Name of stream, lake, spring, etc., or ground water)

Ground Water (well) tributary to

(3) Describe the purpose for which the water has been used and the time during the year when you have used the right claimed:

(cfs, af)		(Domestic, Irrigation, Stock, Etc.)	(Both dates inclusive)	
			(Mo., Day)	(Mo., Day)
Quantity	.04 cfs	Use Domestic	Period of Use From 1-1	To 12-31
Quantity	.20	Use Irrigation	Period of Use From 3-15	To 11-15
Quantity		Use	Period of Use From	To
Quantity		Use	Period of Use From	To
Quantity		Use	Period of Use From	To

(4) 24 cfs TOTAL QUANTITY USED.
(cfs, af)

(5) A) Point of diversion: (Location of point where water is diverted from its source)

SE ¼ SE ¼, Sec. 18, Twp. 7S, Rge. 35E B.M., County of Bannock

B) Describe means of diversion of water: (Pump and pipeline, well, diversion dam, reservoir, length of ditch and field, etc.). Give sizes and capacities: be as specific as possible. Describe any changes in the system and give the date of the change. Well — 400 yd 5' Garden Hose

(6) A) Describe location of use by listing number of irrigated acres within each 40-acre tract in appropriate box. If use is not for irrigation, place an "X" in appropriate box to show location.

[illegible]

No. of acres 1.64

B) If water is used for other than irrigation, fully describe that use, being as specific as possible:

NOTE: Include here the type and number of stock watered: None at present time, did have 3 horses

(7) If you are claiming water as a member of an organization, list name of organization:

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CLAIM TO A WATER RIGHT



Under the provisions of Section 42-243, Idaho Code, any person using or claiming rights to the public waters of Idaho established by diversion and application to a beneficial use must file a claim with the Department of Water Resources on or before June 30, 1983. Exempted from this filing are single family domestic uses as defined in Section 42-230(d), Idaho Code. Also exempted are rights represented by a permit, license, decree, adjudicated right, or a previously filed claim.

The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.

Notice is hereby given that Roland Malcolm Leaman

(Name of Claimant)

Gibson Jack Creek Rd.

Pocatello, ID 83204

Telephone No. 232-4639

(Mailing Address)

(Zip Code)

claims a right to the diversion and beneficial use of the surface or ground water. The extent and nature of said claim is as follows:

- (1) Date of priority: (When was the water first applied to a beneficial use) May 1, 1957

A claim is not acceptable on a ground water source with a priority later than March 25, 1963 or on a surface water source with a priority later than May 20, 1971. An exception is that a claim may be filed on single family domestic use from a ground water source.

- (2) Describe the source of water: (Name of stream, lake, spring, etc., or ground water)

Groundwater

tributary to

- (3) Describe the purpose for which the water has been used and the time during the year when you have used the right claimed:

	(cfs, af)	(Domestic, Irrigation, Stock, Etc.)	(Both dates inclusive)	
			(Mo., Day)	(Mo., Day)
Quantity	<u>0.04</u>	Use <u>Domestic</u>	Period of Use From <u>1-1</u>	To <u>12-31</u>
Quantity	<u>0.20</u>	Use <u>Irrigation</u>	Period of Use From <u>3-15</u>	To <u>11-15</u>
Quantity		Use	Period of Use From	To
Quantity		Use	Period of Use From	To
Quantity		Use	Period of Use From	To

- (4) 0.24cfs TOTAL QUANTITY USED.
(cfs, af)

- (5) A) Point of diversion: (Location of point where water is diverted from its source)

SE 1/4 SE 1/4, Sec. 18 Twp. 7S Rge. 35E B.M., County of Bannock

Additional points of diversion:

B) Describe means of diversion of water: (Pump and pipeline, well, diversion dam, reservoir, length of ditch and field, etc.). Give sizes and capacities: be as specific as possible. Describe any changes in the system and give the date of the change. Well 400 L/F 5/8 Garden hose.

- (6) A) Describe location of use by listing number of irrigated acres within each 40-acre tract in appropriate box. If use is not for irrigation, place an "X" in appropriate box to show location.

T	R	SEC.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				TOTAL
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
7S	35E	18																	
7S	35E	19	.35																1.29
																			.35

No. of acres 1.64

- B) If water is used for other than irrigation, fully describe that use, being as specific as possible:

NOTE: Include here the type and number of stock watered: 3 horses.

- (7) If you are claiming water as a member of an organization, list name of organization:

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 29-4471
Date Received: 3/21/90
Receipt No: M006310
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DONNA M LEAMAN Phone: (208)233-7930

9259 GIBSON JACK CREEK RD
POCATELLO ID USA 83204

STEVE LEAMAN Phone: (208)233-7930

9259 GIBSON JACK CREEK RD
POCATELLO ID USA 83204

2. Date of Priority: 05/01/1957

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot			County	Type
07S	35E	18	SW	SE	SE	BANNOCK	

5. Description of diverting works:

WELL 97' DEEP, 6" CASING, 400', 5/8" GARDEN HOSE & SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/15	0.2	
DOMESTIC	1/01	12/31	0.04	

PROFILED

SEARCHED
MAR 30 2006

7. Total Quantity Appropriated is:
0.24 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
07S	35E	18	SE	SE	IRRIGATION	1.3
					Section Acres	1.3
07S	35E	19	SE	SE	DOMESTIC	
			NE	NE	IRRIGATION	0.4
					Section Acres	0.4
					Total Acres	1.7

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:

14. Remarks:

IRRIGATED ACRES = 1.7

ROLAND M LEAMAN (DECEASED) WAS REMOVED AS A CLAIMANT AND STEVE LEAMAN (SON) ADDED AS CLAIMANT PER REQUEST FROM DONNA LEAMAN.

15. Basis of Claim: Beneficial Use

16. Signature(s)

SCANNED
MAR 30 2006

SCANNED
JUN 13 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: A29-04471
Date Received: 3/21/1990
Receipt No: M006310
Received By: AB

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ROLAND M. LEAMAN 208-233-7930
Address: 9259 GIBSON JACK CREEK RD.
POCATELLO, ID 83204

OR
Name: DONNA M. LEAMAN 208-233-7930
Address: 9259 GIBSON JACK CREEK RD.
POCATELLO, ID 83204

2. Date of Priority: MAY 01, 1957

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County
07S	35E	18	SW SE SE		BANNOCK

5. Description of diverting works:
WELL 97' DEEP, 6" CASING, 400', 5/8" GARDEN HOSE & SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.200		
DOMESTIC	01/01	12/31	0.040		

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

8. Total consumptive use is 4.9 Acre Feet Per Annum.

9. Non-irrigation uses:
D/ ONE HOUSEHOLD

A29-04471

Page 1

Date: 03/22/90

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A2904471



10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
07S	35E	18	SE	SE		IRR	1.3
						Section Acres	1.3
		19	NE	NE		IRR	0.4
			SE	SE		DOMEST	
						Section Acres	0.4
						Total Acres	1.7

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:
IRRIGATED ACRES = 1.7

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

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

Number of attachments: _____

For Individuals:

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

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____
My Commission Expires _____

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number

A29-04471

Date Received

3-21-90

Receipt Number

MOORE 310

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Roland Moe Donna M. Leaman Phone () 233-7930Mailing Address 9259 Gibson Jack Creek Rd. Perlatello ID Zip 832042. Date of Priority (Only one (1) per claim) May 1 19573. Source of water supply (a) Groundwater
which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 7S Range 3SE Section 18,
SW 1/4 of SE 1/4 of SE 1/4, Govt. Lot, _____ B.M., County of Bannock

Additional points of diversion if any: _____

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

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

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

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

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

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.WELL 97' deep; 6" casing
1 hp pump. 400' 5/8 inch garden hose and
sprinklers.

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For IRRIGATION purposes from 3/15 to 11/15 amount .20 or _____
 For DOMESTIC purposes from 1/1 to 12/30 amount 0.04 or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.24 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 4.92 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) D/1 HOUSEHOLD

10. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
<u>7S</u>	<u>3SE</u>	<u>18</u>																<u>1.3</u>	<u>1.3</u>
<u>7S</u>	<u>3SE</u>	<u>19</u>	<u>.4</u>																<u>.4</u>
<u>7S</u>	<u>3SE</u>	<u>18</u>																<u>D</u>	

Total number of acres irrigated 1.7

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

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

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

14. Remarks: IRRIG. ACRES = 1.7

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NOV 13 1992

Last Name _____ Ident No. _____

Copies: White -State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number 09-04471
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. Signature (s)

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

Number of attachments _____

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

Signature of Claimant (s) X Ralene M. Leman Date 3-21-90

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

Title

of _____, that I have signed the foregoing
Organization

document in the space below as _____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____

Title and Organization _____ Date _____

State of Idaho/or _____)
County of Bannock) SS.

Subscribed and sworn (or affirmed) before me this 21st day of March 19 90

SEAL

Notary Public

Residing at _____

My Commission Expires _____

Please Print Name

17. Notice of Appearance:

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

Signature _____

Address _____

Date _____

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NOV 13 1992

Last Name _____ Ident. Number _____

Copies White-State, Yellow-Claimant



75
35E

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NOV 13 1992