

IDAHO DEPARTMENT OF WATER RESOURCES 01/03/2002
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

Water Right 29-7204

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

SOURCE: SPIDER CREEK TRIBUTARY: PORTNEUF RIVER

QUANTITY: 0.20 CFS
84.9 AFY

PRIORITY DATE: 06/26/1974

POINT OF DIVERSION:

T07S R36E S36 SWNE Within BANNOCK County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	4/01 11/01	0.200 CFS 84.90 AFY

PLACE OF USE: IRRIGATION Within BANNOCK County
T07S R36E S36 SWNE 30.0

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

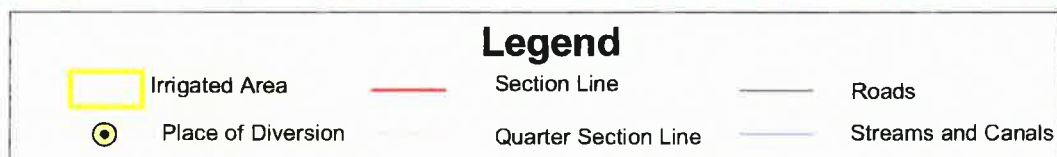
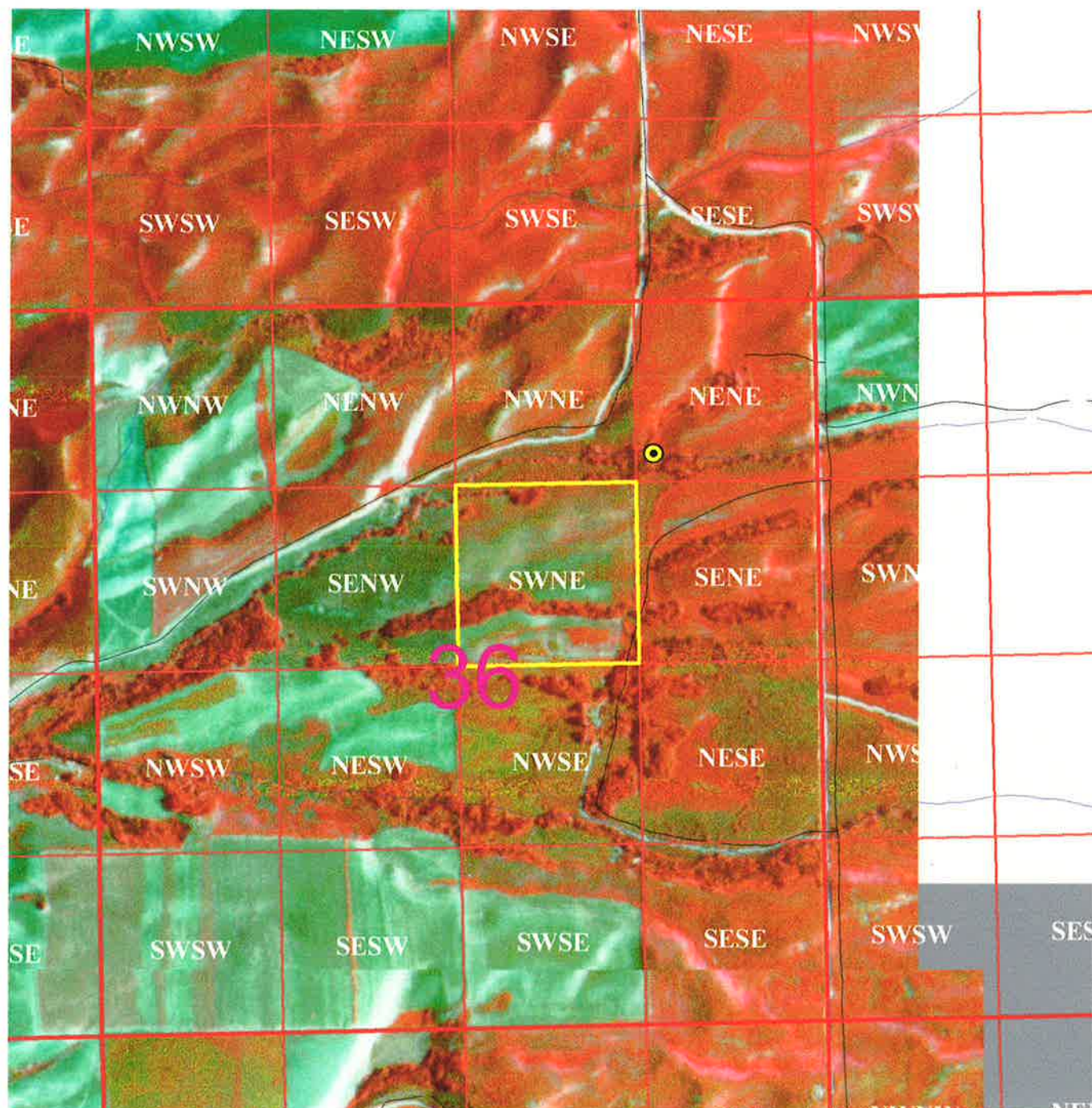
THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE
ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.

EXPLANATORY MATERIAL: License

Water Right Claim Number A29-07204

08/11/2000

Township , 7S36E



N

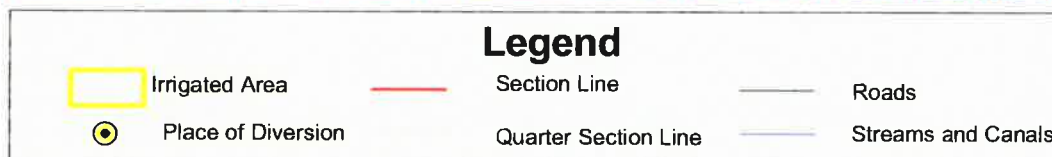
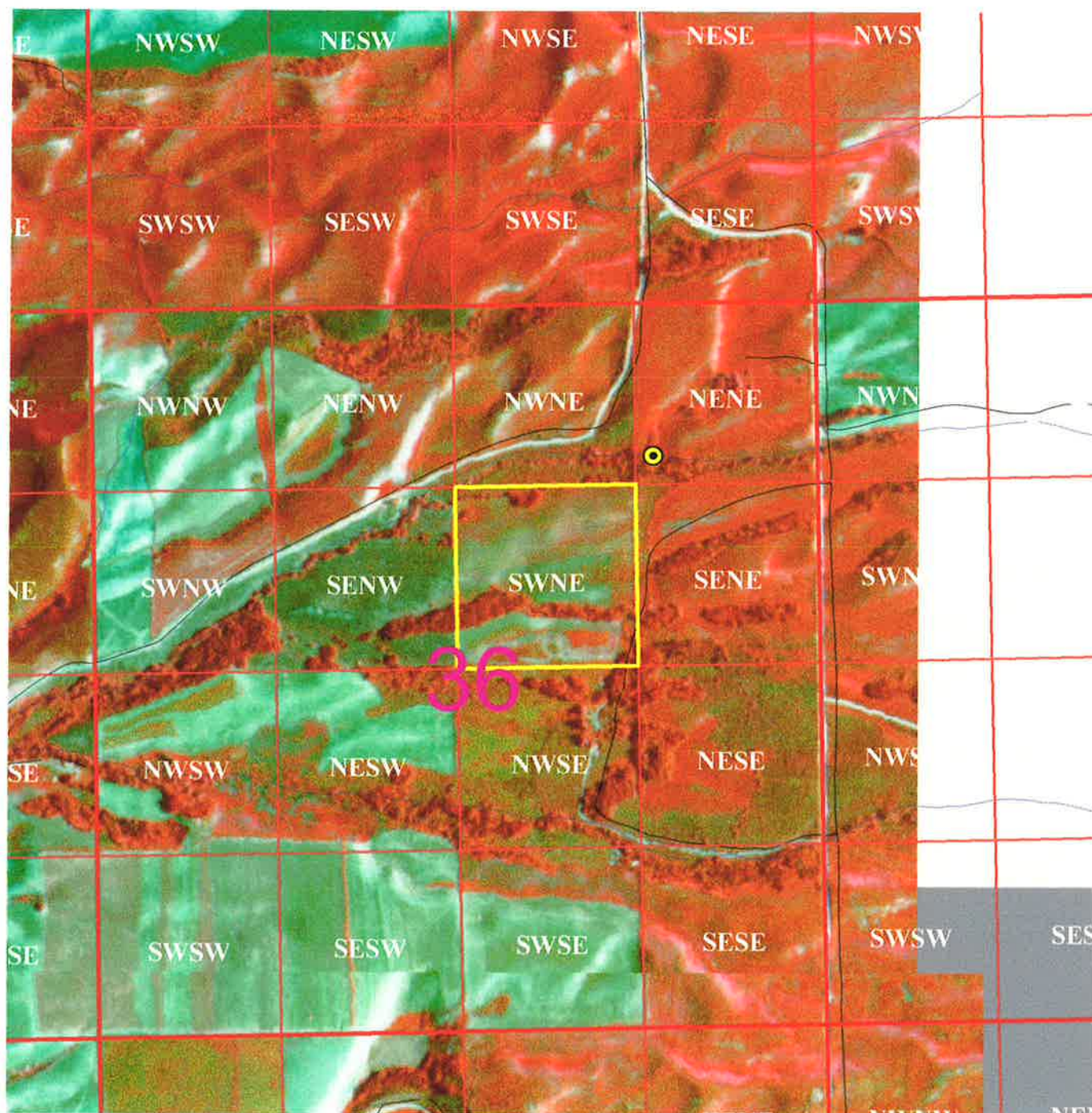
600 0 600 1200 Feet



Water Right Claim Number A29-07204

08/11/2000

Township , 7S36E



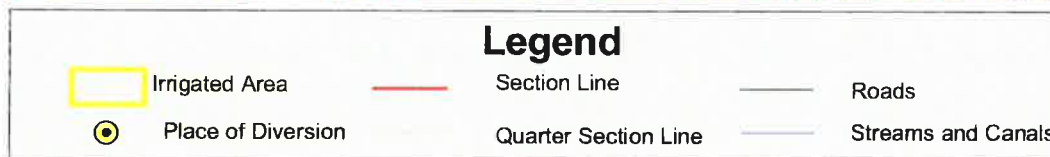
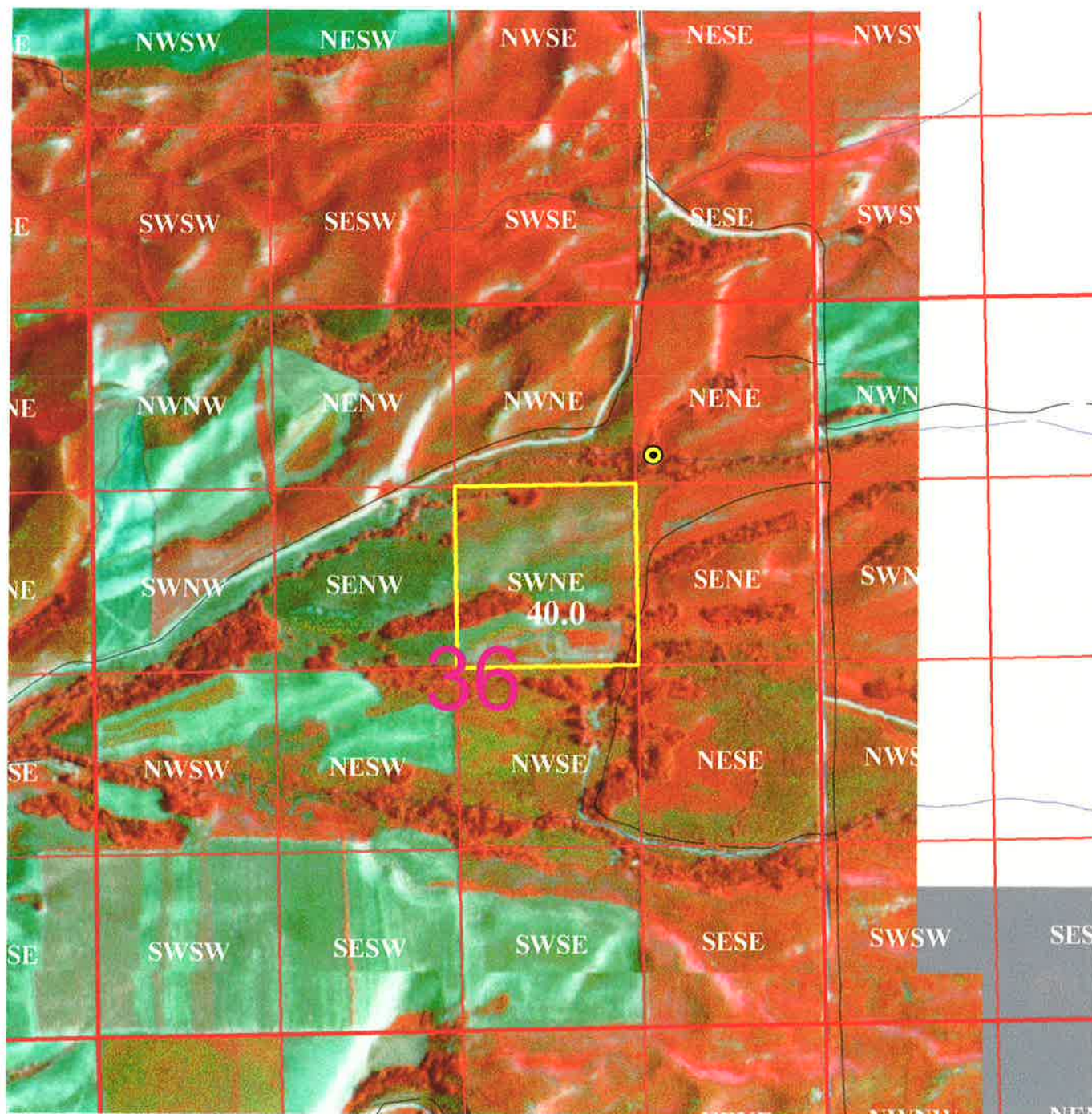
600 0 600 1200 Feet



Water Right Claim Number A29-07204

08/11/2000

Township , 7S36E



600 0 600 1200 Feet



02/13/2003

NOTICE OF ERROR
REPLY

allen

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: 29-7204

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:

RECEIVED
MAR 10 2003
Department of Water Resources
Eastern Region

☒ 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

PROFILED

SCANNED
APR 20 2003

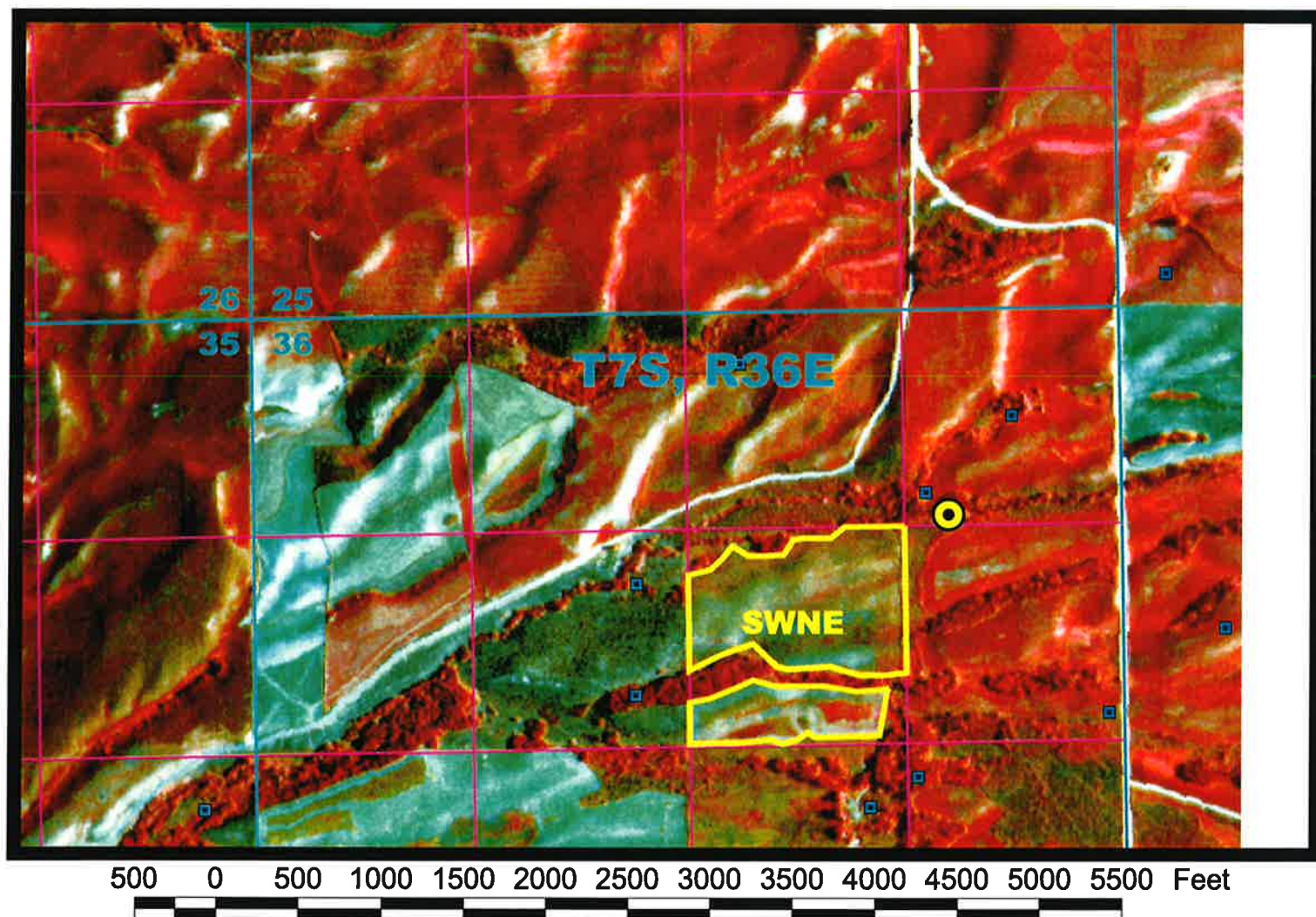


STATE OF IDAHO

Department of Water Resources

Eastern Region

Water Right(s): 29-7204



LEGEND



SESE

Place of Use



Section



Quarter-Quarter



Point of Diversion

**Place of Use: T7S, R36E,
(part of) Sec. 36 SWNE**

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



PROFILED

SCANNED
APR 20 2006

GIS Place of Use Illustration
1987/1988 NAPP photography
Prepared by: A. Ruberry
Date: March 2001



IDAHO DEPARTMENT OF WATER RESOURCES

SNAKE RIVER BASIN ADJUDICATION - BASIN 29



RIGHT ID 29 4038 B
POD ID 202921
Quad Bonneville Peak
Claim Type L
Easting 646733
Northing 186635
GPSID A0011646

Diversion Description

SLIDEGATE DIVERSION TO PIPE LINE, SPRINKLER SYSTEM. Ditch is dry, 12" slidegate is 2 feet above current diversion level. Use orifice equation to calculate flow.

THIS DATA RELATES TO 29-7204 ON SPIDON CREEK - 4038B IS CLAIMED OFF LOWER ROCK CREEK.

Assumptions

Assume .25 ft of head above slide gate.

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 202921 01.JPG

Photos

POD ID 202921 02.JPG

EPE (ft)

Date (M/D/Y)

Time

Flow Rate (CFS)

1.85838035726005

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 1

Depth 1

☐ Rectangular Channel

Width 1

Depth 1

Flow Calculation

☐ Continuity

Velocity

0

☒ Orifice

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

Depth of Water above orifice centerline 0.25

☐ Weir

(Use only for water flowing freely over weir)

Height of water above nappe 1

Width of weir 1

☐ Manning

(If used, include photo of representative channel section)

Channel Slope 1

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

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JUN 06 2001

Log for claim A29-07204

Spatial Dynamics AMH

8/11/00

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
07s36e	36	SWNE	30	40	
Totals:			30	40	

CLAIMED AS LICENSED - SO RECOMMENDED

30 AC w/2 POLYGONS @ 22 AC
8 AC

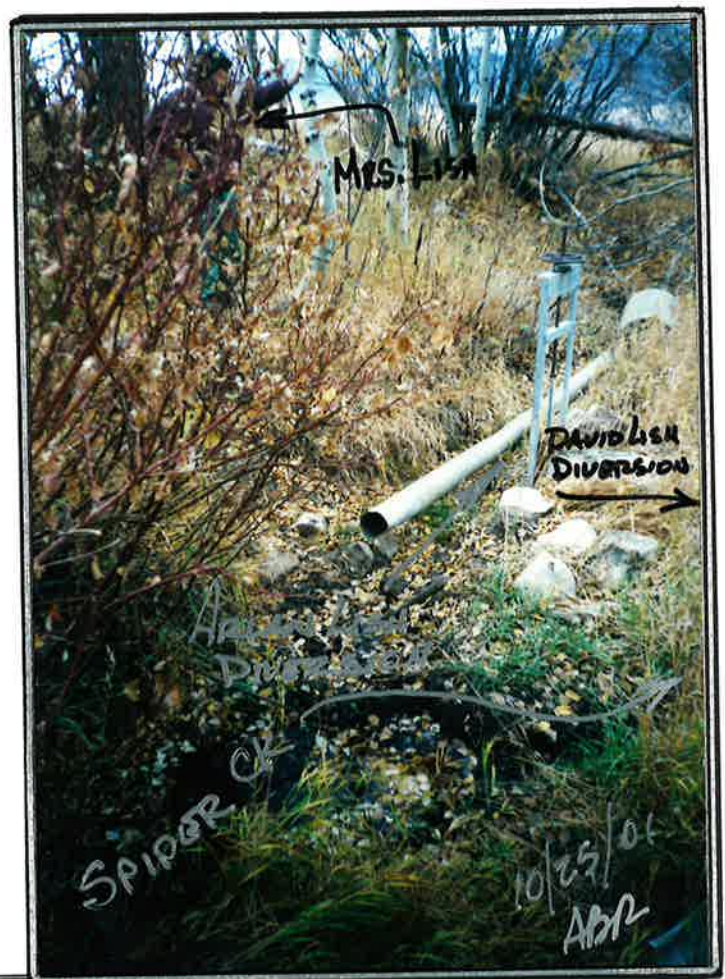
10/25/01 VISITED PCD AND POLY (CLAIMED - BOTH) 30 AC
AREAS w/ RENTER Mike Christensen

01/03/02

CONTRACTOR DATA FOR THIS
PCD REFERS TO 29-4038B
WHICH IS INCORRECT. THE
PHOTO SHOWN HERE IS A
POINT OF DIVERSION FOR
LICENSE 29-07204 FROM
SPIDER CREEK. 29-4038B
IS CLAIMED FROM LOWER ROCK
CREEK.

[Signature]

PCD ^{& Sources} IS ALSO CLAIMED BY
29-04038A FOR ANNE LISA.



Return w/ cc of
 DELOG
 AR
 11-8-01
 Death Cont.

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

INKOM IDAHO 83246

New Telephone Number

(208) 775-3739

5. Date you acquired the property

4-7-1970 - see deed & DCEP

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 39-2414 & 39-274

State File No. _____
Local Reg. No. 16-113

DECEDENT	DECEDENT — NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Month, Day, Year)
	DAVID		HOWARD		LISH		Male	March 16, 1992
	SOCIAL SECURITY NUMBER		AGE — Last Birthday (Yrs.)	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (City and State or Foreign Country)		
	518-26-1293		65	May 27, 1926		Inkom, Idaho		
PARENTS	WAS DECEDENT EVER IN U.S. ARMED FORCES?		HOSPITAL		OTHER			
	XX Yes ☐ No		(1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA		(4) ☐ Home (5) XX 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	
	841 E. Nestor Rd. (Private Residence)				Inkom, Idaho		Bannock	
INFORMANT	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	
	Married		LaRae Barron		Foreman		Cement Plant	
	RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER		ZIP CODE		
	Idaho	Bannock	Inkom	841 East Nestor Road		83245		
DISPOSITION	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 XXX No		☐ Yes XX No		White		Elementary/Secondary (0-12) 10 College (1-4 or 5+)	
	FATHER — NAME		BIRTHPLACE		MOTHER — FULL MAIDEN NAME		BIRTHPLACE	
	Howard Samuel Lish		Idaho		Arla Richardson		Idaho	
CAUSE OF DEATH	INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
	LaRae Lish		841 East Nestor Road Inkom, Idaho 83245					
	METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION — City or Town, State			
	XX Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		Inkom Cemetery		Inkom, Idaho			
CERTIFIER	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY			
	<i>[Signature]</i>		M-597		Henderson Funeral Home Pocatello, Idaho			
	TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)	
	9:15 A.M.		March 16, 1992		☐ Yes XX No		XX Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
TO BE USED FOR EXTERNAL CAUSES ONLY	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)		a. <i>Respiratory arrest</i>					
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. <i>Widespread metastatic melanoma</i>					
			c. _____					
CORONER'S REVIEW AREA	27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
			☐ Yes XX No		☐ Yes ☐ No			
	CERTIFIER (Check only one)		XX 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)			
REGISTRAR	NAME AND ADDRESS OF CERTIFIER (Type/Print)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	June Heilman, M.D., 333 N. 18th Ave., Pocatello, Idaho 83201							
	INJURY AT WORK? ☐ Yes ☐ No		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or Route Number, City/Town, or County, and State)	
	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____							
CORONER'S ACTION (Check One)		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)				
(1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified								
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)						
<i>[Signature]</i>		Mar 23, 1992						

VITAL STATISTIC'S COPY

(STATE OF IDAHO)
(County of Bannock)

WARRANTY DEED

469117

For Value Received

JENNIE SHORT, a widow

the grantor , do es hereby grant, bargain, sell and convey unto

DAVID H. LISH and LaRAE LISH, husband and wife,

the grantee s, the following described premises, in Bannock County Idaho, to wit:

The SW $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 36, Township 7 South, Range 36 East, Boise Meridian, as the same appear on the official plat thereof filed in the office of the County Recorder of Bannock County, Idaho.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee s, their heirs and assigns forever. And the said Grantor do es hereby covenant to and with the said Grantee s, that s he is the owner in fee simple of said premises; that they are free from all incumbrances

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

Dated: April 7, 1970

Jennie Short

STATE OF IDAHO, COUNTY OF BANNOCK
On this day of April , 1970,
before me, a notary public in and for said State, personally appeared

JENNIE SHORT,

known to me to be the person whose name is
subscribed to the within instrument, and acknowledged to
me that she executed the same.

Ray L. Wiggins
Notary Public

Residing at

Pocatello , Idaho

Comm. Expires

June 9 1971

NOTARY SEAL

469117

NO. 469117
RECORDED AT REQUEST OF
LaRae Lish
Route #1, Inkom, Idaho
APR 14 11 51 AM '70

OFFICIAL RECORD BK. NO. 233
BANNOCK COUNTY, IDAHO
EMMETTE SPRAKER, RECORDER
FEE 1.00 DEPUTY ln

REVENUE STAMPS

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

Program Acct Class

Amount

ADJUDICATION FEE

0410162 9337 6490

\$237.00

Total

\$237.00

CHECK 1667

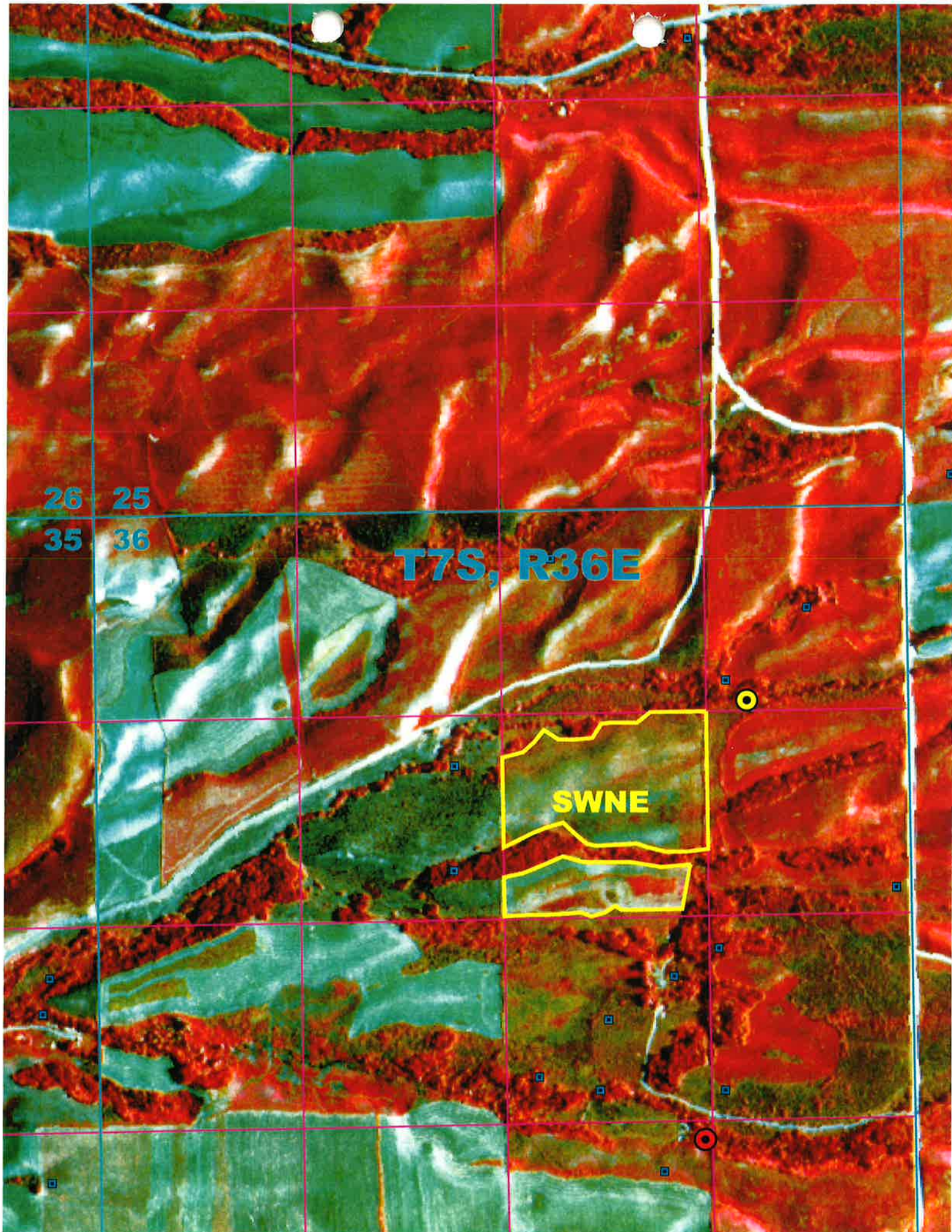
WR/NO: A29-04038B A29-10829 A29-04033 A29-07204

Idaho Department of Water Resources

Region: MOBILE I

Signature:

Richard W. Haumann





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)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Eastern District Office
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718

RETURN SERVICE REQUESTED

P.O. Box 189

29-4033
29-7204
29-10329
29-4038B
~~29-4038B~~

LISH, DAVID H
841 E NESTER RD
INKOM ID ~~██████████~~



NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD

AJ5809NP
No. A29-07204

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 05/22/00
PAGE: 163

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	06/26/1974	IRRIGATION	04-01 11-01	0.200 CFS	84.90 AFA
					TOTAL DIVERSION:	0.200 CFS
					CONSUMPTIVE USE:	84.90 AFA 75.00 AFA

Water Source: SPIDER CREEK

Tributary to: PORTNEUF RIVER

Stage: LICENSE

Point(s) of Diversion:

T07S R36E S36

SWNE

BANNOCK County

Place of use Legal Description for: IRRIGATION

				NE				NW				SW				SE								
T	R	S	:	NENE	NWNE	SWNE	SENE	:	NENW	NWNW	SWNW	SENW	:	NESW	NWSW	SWSW	SESW	:	NESE	NWSE	SWSE	SESE	:	SUM
---	---	---	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	:	---
07S	36E	36	:				30	:					:					:					:	30.0
																							TOTAL ACRES	30.0

POU County: BANNOCK

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):
A29-04038A

Conditions of Approval:

- R04 - Use of water under this water right will be regulated by the
- watermaster of State Water District No. 29H.

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number: 29H

Field Inspection Flag:
Presumption Flag:

Audit: 03/28/90 HAUMANN 07/26/94 THOMPSON 03/29/95 POST-STD

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 29-7204

Priority: June 26, 1974

Amount: .20 CFS

84.9 AF

This is to certify, that DAVID H. LISH

RT. 1 BOX 116

INKOM, ID 83245

has complied with the terms and conditions of the permit issued pursuant to Application for Permit dated June 26, 1974, and has submitted proof to the Department of Water Resources on August 7, 1979, that water has been applied to a beneficial use; an examination by the Department indicates that the works have a diversion capacity of .24 cfs of water from;

SPIDER CREEK

tributary to PORINEUF RIVER

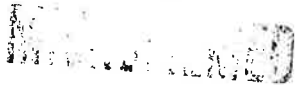
and that a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>VOLUME</u>				
Irrigation	04/01 to 11/01	.20 cfs	84.9 af				
<u>LOCATION OF POINT OF DIVERSION(S):</u>		NENE , Sec. 36, Township 7S, Range 36E Bannock County					
<u>PLACE OF USE:</u> Irrigation							
<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
7S	36E	36	SWNE	30			30
Total number of acres irrigated:							30

CONDITIONS/REMARKS:

1. The right to the use of the water hereby confirmed is limited to the amount which can actually be beneficially used and is restricted and appurtenant to the lands or place of use and to the purpose herein described, as provided by the laws of Idaho.
2. This right is subject to all prior water rights and may be forfeited by five years of non-use.
3. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
4. Use of water under this license is subject to control by the watermaster of State Water District No. 29H.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. Witness the seal and signature of the Director, affixed at Boise, this 27th day of January, 1987.



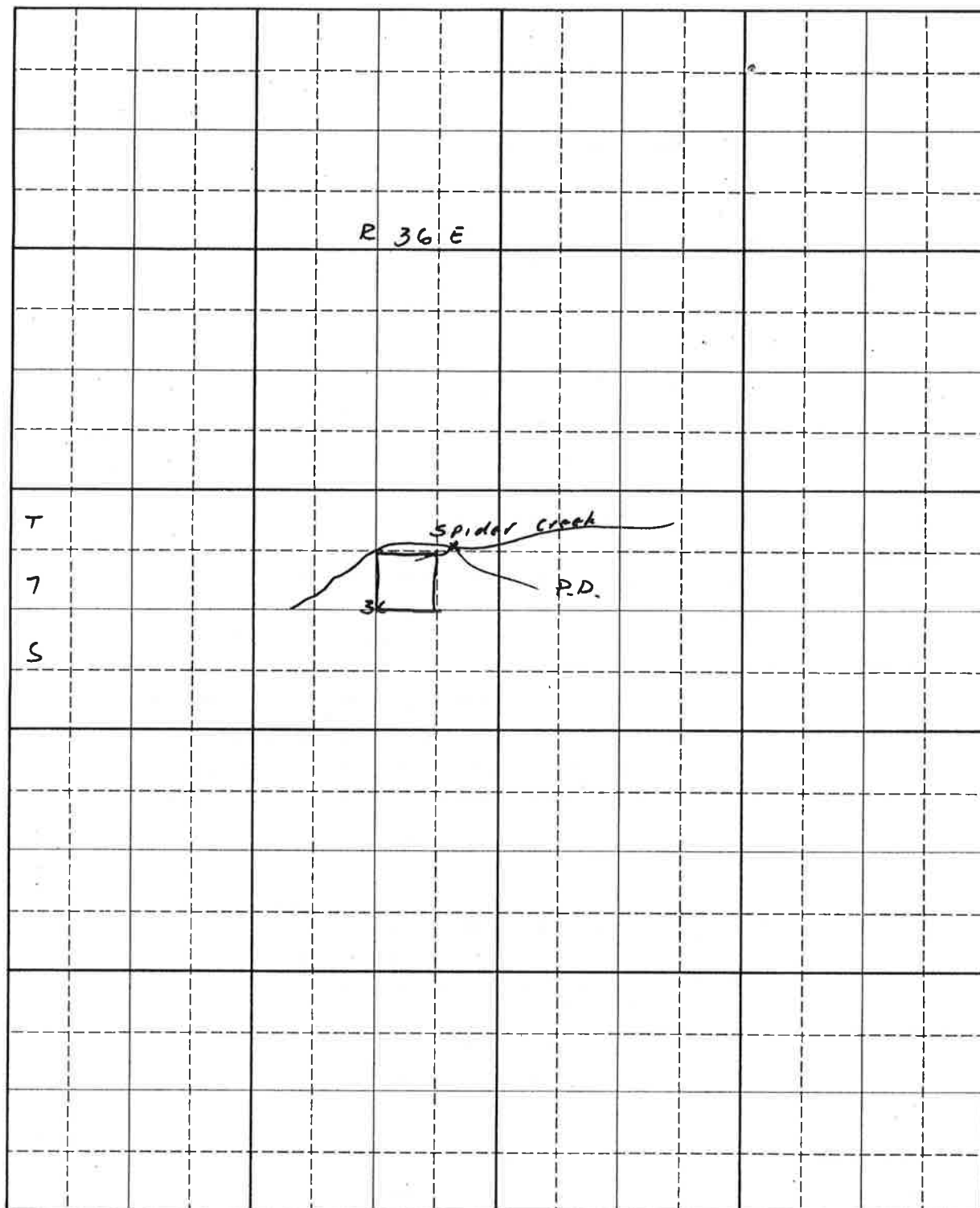
Acting for the

Director

Norman C. Young

MAR 09 1987

11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



Scale: 2 inches equal 1 mile

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth,

David H. Lisk
(Applicant)

MICROFILMED

Identification No. 29 7204

Application No. _____

STATE OF IDAHO
DEPARTMENT OF WATER ADMINISTRATION

APPLICATION FOR PERMIT

APPROVED

To Appropriately the Public Waters of the State of Idaho
(TYPE OR PRINT IN INK)

1. Name of applicant David H. Lish
post office address Route #1, Box 116, Inkom, ID PH: 775-3739
2. Source of water supply Spider Creek which is a tributary of Portneuf River
3. a. Location of point of diversion is NE $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 36 Township 7S
Range 36E B.M. Bannock County; additional points of diversion if any: _____

- b. If water is not consumed, it will be discharged into _____ at a point in _____ $\frac{1}{4}$
of _____ $\frac{1}{4}$ of Section _____ Township _____ Range _____ B.M. _____
4. Water will be used for the following purposes:
Amount 0.20 for Irrigation purpose from Apr. 1 to Nov. 1 (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purpose from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purpose from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated:
a. 0.20 cubic feet per second and/or
b. _____ acre feet per annum.
6. Proposed diverting works:
a. Description of ditches, flumes, pumps, headgates, etc. Ditch and Headgate

- b. Height of storage dam _____ feet, active reservoir capacity _____ acre feet; total reservoir capacity _____ acre feet, materials used in storage dam: _____
Period of year during which storage will occur _____ (Mo. Day) to _____ (Mo. Day) inclusive.
- c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet.
7. a. Time required for the completion of the works and application of the water to the proposed beneficial use is 5 years.
b. Estimated construction cost is \$ _____.
8. Description of proposed uses: N.A.
a. If water is **not** for irrigation:
(1) Give the place of use of water: _____ $\frac{1}{4}$ of _____ $\frac{1}{4}$ of Section _____ Township _____
Range _____ B.M. _____
(2) Amount of power to be generated: _____ hp under _____ feet of head.
(3) List number of each kind of livestock to be watered _____

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water _____.
(5) If water is to be used for other purposes describe: _____

MICROFILMED

DEPARTMENT OF WATER RESOURCES
FIELD REPORT

May 29 1986
1 mile up

1. Name of permit holder David H. Lish
Post office address Rt. #1, Box 116, Inkom, ID 83425 Phone 775-3739
Person to contact _____ Phone _____

2. Source of water supply: Groundwater ☐ Surface water ☒ Spider Creek
(name spring, stream, etc.)
Tributary to Portneuf River

3. Water will be used for the following purposes:

Amount 0.20 c.f.s. for Irrigation
AF/Annum (nature of use)

Period of Use: from April 1 to Nov. 1
(mo.-day) inclusive (mo.-day)

Amount _____ c.f.s. for _____
AF/Annum (nature of use)

Period of Use: from _____ to _____
(mo.-day) inclusive (mo.-day)

Amount _____ c.f.s. for _____
AF/Annum (nature of use)

Period of Use: from _____ to _____
(mo.-day) inclusive (mo.-day)

Other uses: _____

RECEIVED
MAY 29 1986
Department of Water Resources

Permit No. 29-7204
Examination for BU

4. Total amount to be appropriated:

Max Rate of Diversion 0.20 cubic feet per second and annual volume _____ AF/Annum.

5. Location of Point(s) of Diversion:

Township 7S N/S, Range 36E E/W, B.M., Section 36, Subdivision NE 1/4 NE 1/4, Bannock County
Township _____ N/S, Range _____ E/W, B.M., Section _____, Subdivision _____ 1/4 _____ 1/4, _____ County
Township _____ N/S, Range _____ E/W, B.M., Section _____, Subdivision _____ 1/4 _____ 1/4, _____ County

Other Points of Diversions: _____

Description of diverting works: Ditch and Headgate

Measuring device required: yes ☒ no ☐

6. Lands to be irrigated or place of use.

TWP.	RANGE	SEC.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				TOTALS
			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	
<u>7S</u>	<u>36E</u>	<u>36</u>			<u>30</u>														<u>30</u>

TOTAL ACREAGE 30

DATE OF EXAM May 5, 1980

ACREAGE
Found 36 Ac
Recommended 30 Ac

Irrigation Requirement _____ Ac Ft/Ac

USE
Irrigation Q = 20 c.f.s. V = 84.9 AF/Ann. from April 1 to Nov 1 214 days ✓
Domestic Q = _____ c.f.s. V = _____ AF/Ann. from _____ to _____
Livestock Q = _____ c.f.s. V = _____ AF/Ann. from _____ to _____

Is water co-mingled? yes _____ no X

Name source: N/A
twp. _____ N/S, Rge _____ E/W, B.M., Sec. _____, Sub. _____ 1/4 _____ 1/4 _____
County _____

Exchange? yes _____ no X

Name source exchanged with: _____
twp. _____ N/S, Rge _____ E/W, B.M., Sec. _____, Sub. _____ 1/4 _____ 1/4 _____
County _____

Point of injection: N/A
twp. _____ N/S, Rge _____ E/W, B.M., Sec. _____, Sub. _____ 1/4 _____ 1/4 _____
County _____

Point of exchange: N/A
twp. _____ N/S, Rge _____ E/W, B.M., Sec. _____, Sub. _____ 1/4 _____ 1/4 _____
County _____

Total Q measured 20 0.24 Method of measurement pressure gauge on sprinkler laterals ✓

Total Q recommended 20 Meter No. _____ Type _____ Condition good

Total V recommended 84.9

Recommended Amendments: (No overlap)

P.D. _____
Place of Use _____
Other _____
None

MEASUREMENT CALCULATION:
$$\frac{30 \text{ psi}}{13/64"} \times \frac{28 \text{ psi}}{13/64"} \times \frac{20 \text{ psi}}{13/64"} \times \text{Average psi } 26" = 5.35 \text{ gpm} \times 17 \text{ nozzles} = 91 \text{ gpm} = 20 \text{ cfs}$$
$$20 \text{ cfs} \times 1.9835 \times 214 \text{ days} = 84.9 \text{ AF/ann} \quad 3.5 \text{ AF/Ac} \times 30 \text{ Ac} = 105 \text{ AF/a}$$

SYSTEM DESCRIPTION:

This is a gravity flow sprinkler system. Diversion on Spider Creek consists of a ditch to a 3' x 3' x 3' concrete headbox. Diversion is 200' above headbox. Main line 16" dia from headbox fills when overflow gate valve is screwed down. Excess overflows. Can run 33 hrs but because of leaks is only running 17 nozzles at the time of exam. 13/64"

REMARKS:

Mr. Daniel H. Lish along to demonstrate system.

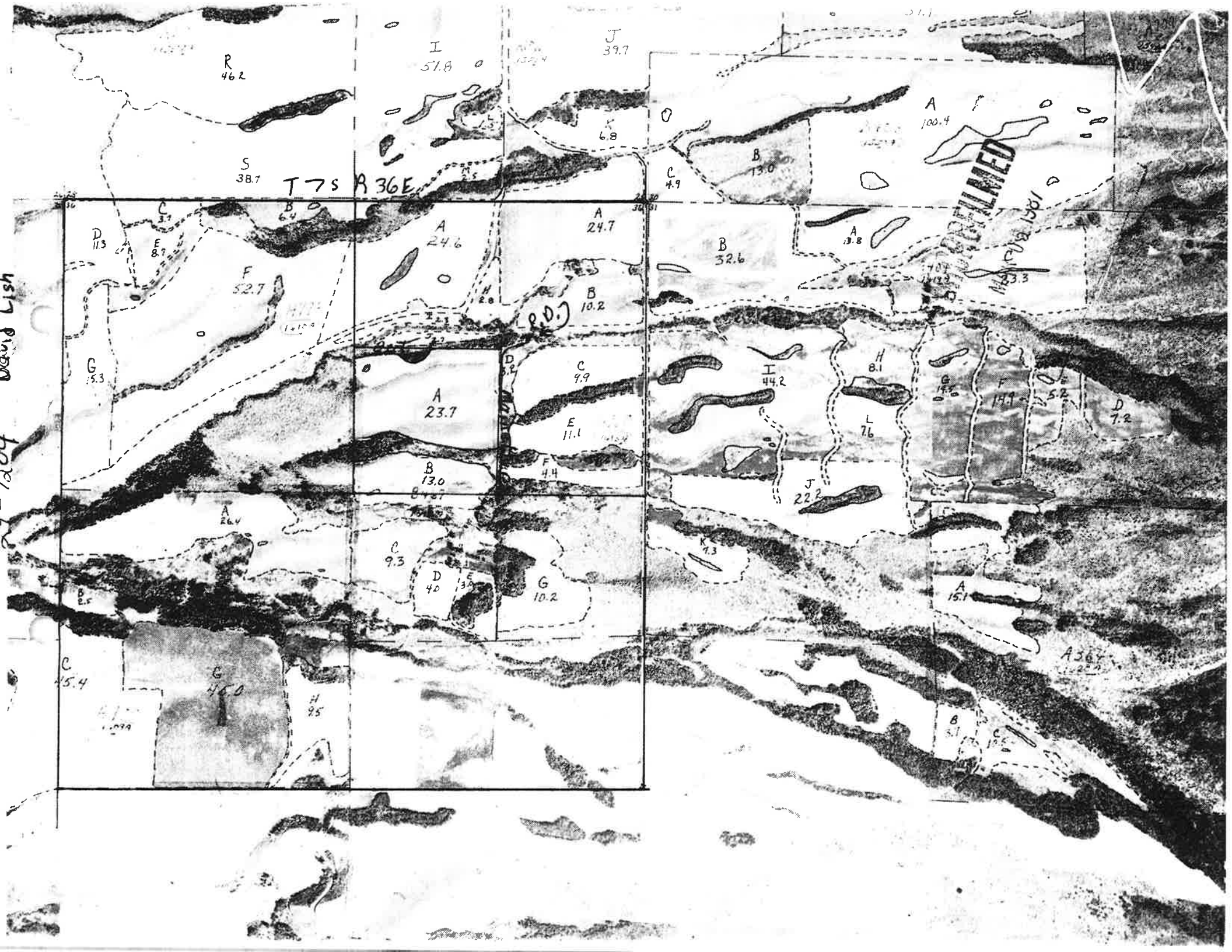
RECORDED

MAR 05 1981

Examiner's Signature John Dale Carlson Date 4/29/86

Checked by H.W. Jones Date 5-16-86

Approved by Jim Date 1-9-87



JUN 06 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: A29-07204
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
Address: 841 E. NESTER RD.
INKOM, ID 83245 208-775-3739

2. Date of Priority: JUN 26, 1974

3. Source: SPIDER CREEK Trib. to: PORTNEUF RIVER

4. Point of Diversion:

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

5. Description of diverting works:
HEADGATE BOX DIVERSION TO 6" PIPE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.200		84.90

7. Total Quantity Appropriated is:
0.200 C.F.S. (and/or) 84.90 A.F.A.

8. Total consumptive use is 75.0 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	36	SW	NE		IRR	30.0

Section Acres 30.0

Total Acres 30.0

A29-07204

Page 1

Date: 03/28/90

A2907204

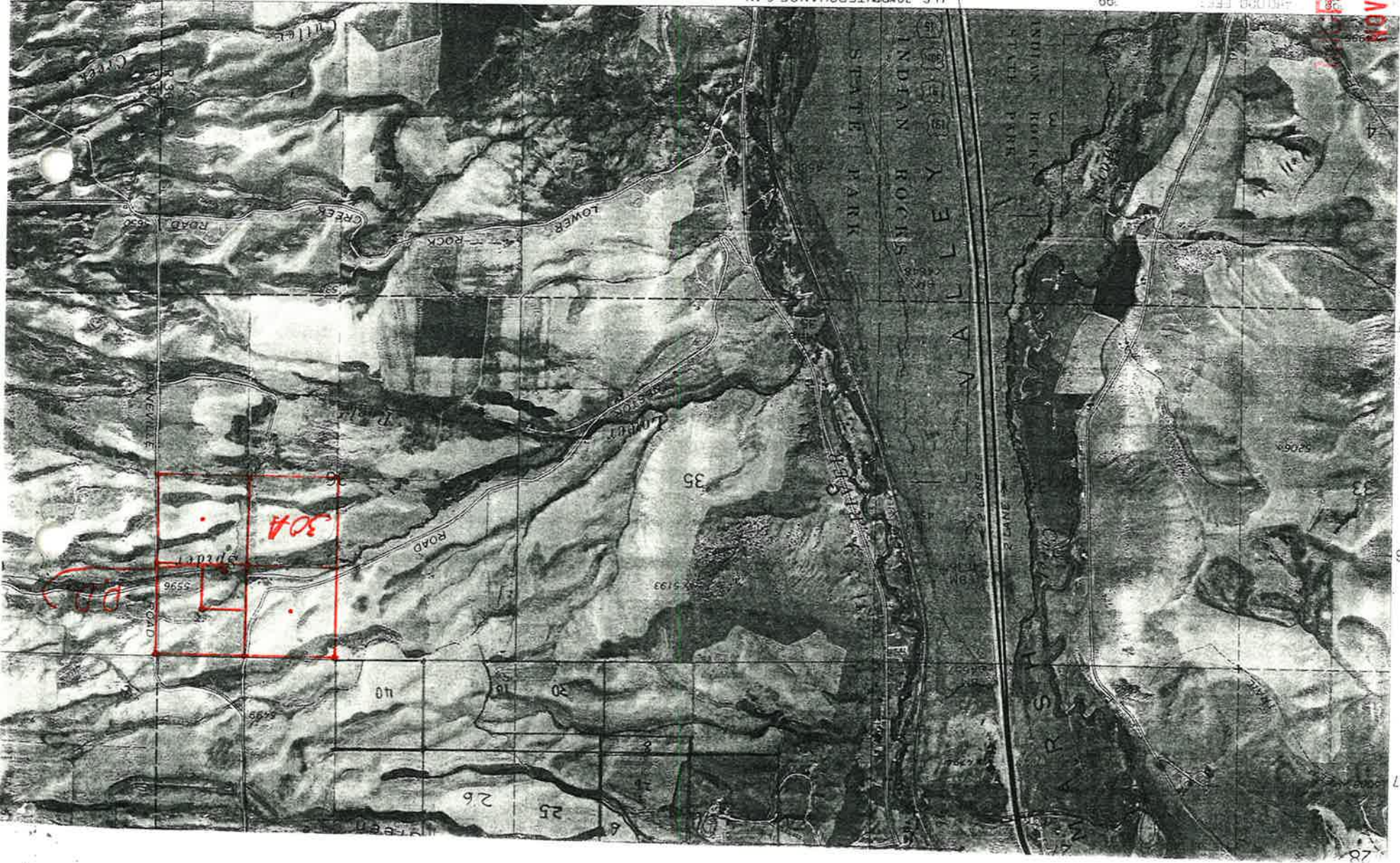


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T75 R36E SW, NE, NE



REPRODUCTION OF THE GEOLOGICAL SURVEY

NOV 13 1992

by the Geological Survey
in cooperation with the Forest Service