

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

12/12/2006

RIGHT NUMBER: 75-4503
NAME AND ADDRESS: SHARON C HOFFMAN
PO BOX 1344
SALMON ID 83467
ROY M HOFFMAN
PO BOX 1344
SALMON ID 83467

SOURCE: WASTE WATER
QUANTITY: 0.400 CFS
PRIORITY DATE: 04/01/1915
POINT OF DIVERSION:

TRIBUTARY: SALMON RIVER

T21N R22E S19 NWNE Within LEMHI County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE
IRRIGATION

PERIOD OF USE
04/01 11/01

QUANTITY
0.400 CFS

PLACE OF USE: IRRIGATION in LEMHI County

T21N R22E S18 NESE 20.00

20 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.

This right remains subject to the right of the original appropriator, in good faith and in compliance with state laws governing changes in use and/or expansion of water rights, to cease wasting water, to change the place or manner of wasting it, or to recapture it.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Void

12/18/2006

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PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 75-4503

NAME AND ADDRESS: SHARON C HOFFMAN
PO BOX 1344
SALMON ID 83467

ROY M HOFFMAN
PO BOX 1344
SALMON ID 83467

SOURCE: WASTE WATER

TRIBUTARY: SALMON RIVER

QUANTITY: 0.560 CFS

PRIORITY DATE: 04/01/1915

POINT OF DIVERSION:

T21N R22E S19 NWNE Within LEMHI County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	04/01 11/01	0.560 CFS

PLACE OF USE: IRRIGATION in LEMHI County

T21N R22E S18 NESE 20.00

20 ACRES TOTAL

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

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EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

RECEIVED

DEC 15 2006

11/20/2006

Department of Water Resources
Regulation Bureau

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: 12/13/2006

Water right number: 75-4503

SHARON C HOFFMAN
PO BOX 1344
SALMON ID 83467
Telephone Number: (208)756-2110

ROY M HOFFMAN
PO BOX 1344
SALMON ID 83467
Telephone Number: (208)756-2110

RECEIVED
DEC 20 2006
IDWR/North

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

Quantity

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

*Quantity should read 3 inches per acre
or 1.2 cfs*

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

not enough water to irrigate the 20 acres

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

DATE: 12-11-06 SIGNATURE: Roy M. Hoffman Sharon C. Hoffman
Please print your name: Roy M. Hoffman Sharon C. Hoffman

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, 2087622800

SCANNED

Dec 15 2006



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 Mineral Drive, Suite 100, Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800

Fax: (208) 762-2819

Web Site: www.idwr.idaho.gov

JAMES E. RISCH
Governor

KARL J. DREHER
Director

December 18, 2006

Roy M. Hoffman
PO Box 1344
Salmon, Idaho 83467

Re: Claim 75-4503

Dear Mr. Hoffman:

Enclosed is a new preliminary recommendation reflecting the comments you made on the Notice of Error Reply for the above-mentioned claim.

The diversion rate calculation is based upon the statutory allotment of 0.02 cfs/acre or 1 inch/acre, plus an amount to accommodate ditch loss from the point of diversion to your property.

If you have any questions, feel free to contact me at this office.

Sincerely,

Keith E. Franklin
Water Resources Agent

Encl/kf

Estimating Conveyance Loss using the Worstell Method

Claim No.

Formula: $S = (w)(i)(0.0667)$

Where: S = loss in cfs per mile

w = top width of the high water mark in feet

i = loss rate in feet per day (see Table)

Type of soil	i (ft/day)
medium clay loam	0.5 - 1.5
impervious clay	0.5
medium soils	1.0
somewhat pervious soils	1.5 - 2.0
gravels	2.5 - 5.0

Worksheet:

$w = 3'$ assumed

$i = 2$ ft/day

ditch length (mi.) = $2500' = 0.47$ miles

Conveyance Loss:

$S = (3)(2)(0.0667) = 0.33$ cfs/mile

Loss = 0.16 cfs

$(0.33 \text{ cfs})(0.47 \text{ miles}) = 0.16 \text{ cfs}$

$(20 \text{ AC})(0.02 \text{ cfs/AC}) = 0.40 \text{ cfs}$
 ditch loss $\begin{array}{r} +0.16 \\ \hline 0.56 \text{ cfs} \end{array}$

Claimed: 1.2 cfs

Recommend: 0.56

11/20/2006

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REPLY

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Water right number: 75-4503

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SALMON ID 83467
Telephone Number: (208)756-2110

RECEIVED

DEC 15 2006

IDWR North

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

Quantity

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

Quantity should read 3 inches per acre
or 1.2 cfs

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

not enough water to irrigate the 20 acres

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

DATE: 12-11-06 SIGNATURE: Roy M. Hoffman Sharon C. Hoffman
Please print your name: Roy M. Hoffman Sharon C. Hoffman

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, 2087622800

SCANNED
DEC 15 2006

Accession/Serial #: IDIDAA 046336 **BLM Serial #:** IDIDAA 046336**Note:** This record has not been checked against the Legal Land Patent. We don't have an electronic image for this document.**Names****Patentee:** ISAAC BUCKLEY**Survey****State:** IDAHO**Acres:** 160**Metes/Bounds:** No**Title Transfer****Issue Date:** 6/13/1890**Land Office:** Idaho**Cancelled:** No**U.S. Reservations:** No**Mineral Reservations:** No**Authority:** May 20, 1862: Homestead EntryOriginal (12 Stat. 392)**Document Numbers****Document Nr.:** 101**Accession/Serial Nr.:** IDIDAA 046336**BLM Serial Nr.:** IDIDAA 046336

Aliquot Parts	Sec./ Block	Township	Range	Fract. Section	Meridian	State	Counties	Survey Nr.
E½E½	18/	21-N	22-E	No	Boise	ID	Lemhi	

OCT 10 1990

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: A75-04503
Date Received: 5/07/1990
Receipt No: 1006937
Received By: RME

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ROY M. HOFFMAN
Address: P.O. BOX 1344
SALMON, ID 83467 208-756-2110

AND/OR

Name: SHARON C. HOFFMAN
Address: P.O. BOX 1344
SALMON, ID 83467 208-756-2110

2. Date of Priority: APR 01, 1915

3. Source: IRRIGATION WASTEWATER Trib. to: SALMON RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
21N	22E	19	NW	NE			LEMHI

5. Description of diverting works:
DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	1.200		

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

8. Total consumptive use is 50.0 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

A75-04503

Page 1

Date: 05/07/90

A7504503



MICROFILMED
DEC 15 1992

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
21N	22E	18	NW SE		IRR	20.0
Section Acres						20.0
Total Acres						20.0

11. Place of use in counties: LEMHI

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

13. Other Water Rights Used:
NONE

14. Remarks:
THE ACTUAL POINT OF DIVERSION MAY BE ON THE SECTION LINE.

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: _____

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): Sharon Hoffman Date: 5/7/90

Date: _____

State of Idaho)
County of Lewiston) SS.

Subscribed and sworn (or affirmed) before me this 7 day

of May 19 90

Seal

John Paul Carter
Notary Public

Residing at Boise ID

My Commission Expires 4/2/94

