

12/11/2006

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

RIGHT NUMBER: 75-7168
NAME AND ADDRESS: JOHN R SWANSON
11 SWANSON LN
SALMON ID 83467

RICHARD J SWANSON
11 SWANSON LN
SALMON ID 83467-5247

SOURCE: GROUND WATER TRIBUTARY:
QUANTITY: 0.060 CFS
PRIORITY DATE: 02/12/1980
POINT OF DIVERSION:

T21N R22E S7 SESW Within LEMHI County
T21N R22E S7 SESW Within LEMHI County
T21N R22E S7 SESW Within LEMHI County
T21N R22E S7 SESW Within LEMHI County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	1/01 12/31	0.040 CFS
IRRIGATION	4/01 11/01	0.020 CFS

PLACE OF USE: IRRIGATION in LEMHI County

T21N R22E S07 SESW 0.60

DOMESTIC same as IRRIGATION

0.6 ACRES TOTAL

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

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

EXPLANATORY MATERIAL: BASIS OF CLAIM - License

IDAHO DEPARTMENT OF WATER RESOURCES

WATER RIGHT NO.:

75-7168

T21N R22E S7

LEGEND



Point(s) of Diversion



Place(s) of Use



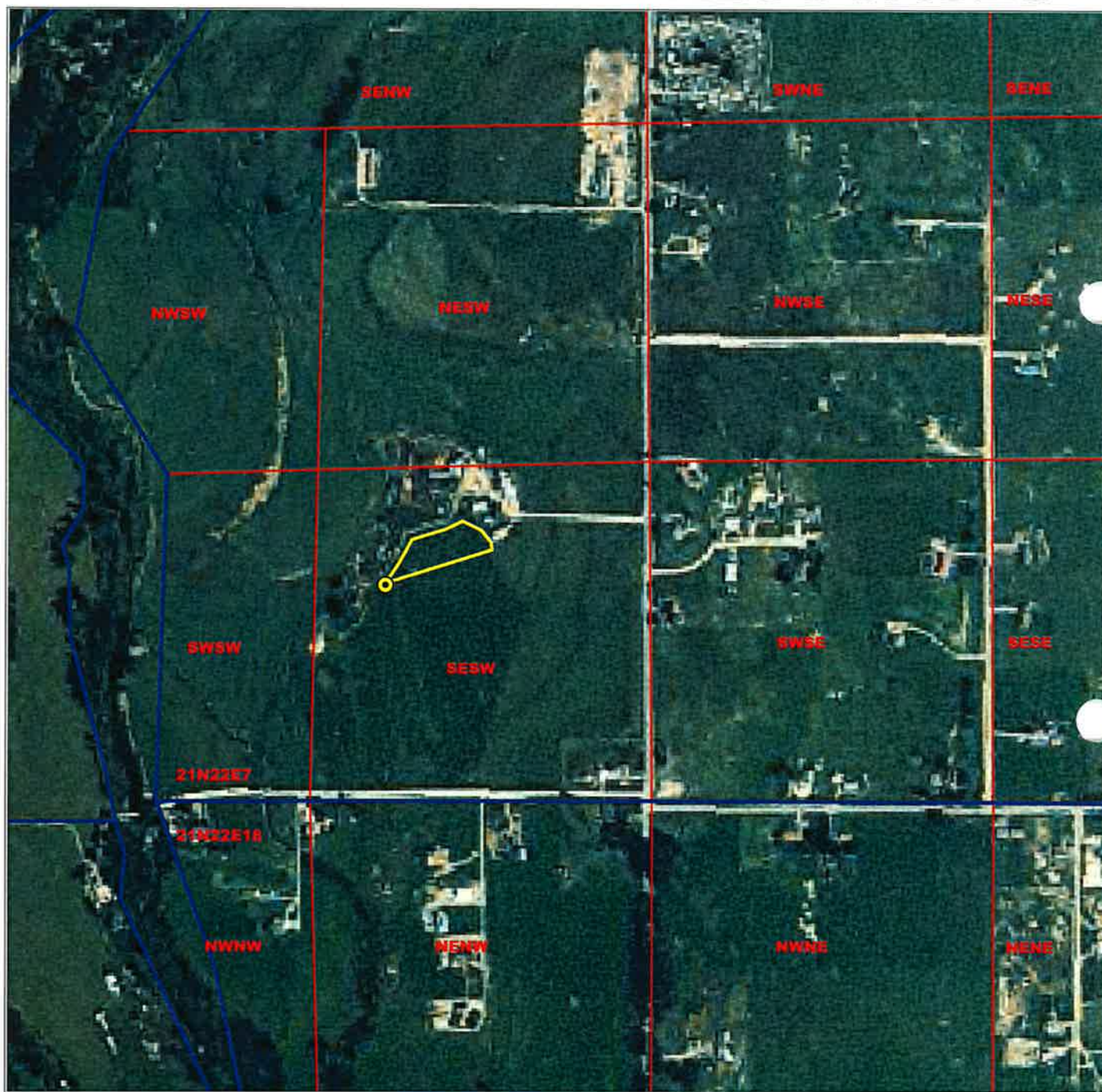
Quarter Quarter Lines



Section Lines

IMAGE

1993/1994 True Color



0.1 0 0.1 0.2 0.3 0.4 Miles

11/09/2005

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: December ~~27~~ 2005

Water right claim number: 75-7168

13.2006

Name: John R. Swanson

Address: 11 Swanson Ln
Salmon ID, 83467

Phone: 208-756-3546

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

Shape of Place of use is wrong.
4-POD through Accomplish Transter

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: 12-7-06

SIGNATURE: John R. Swanson

Please print your name: John R. Swanson

OCT 1 2001

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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: A75-07168
Date Received: 5/04/1990
Receipt No: E014163
Received By: DMD

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: RICHARD J. SWANSON 208-756-3351
Address: RT. 1 BOX 138
SALMON, ID 83467
OR
Name: JOHN R. SWANSON 208-529-0034
Address: 666 LOMAX
IDAHO FALLS, ID 83401

A7507168



2. Date of Priority: FEB 12, 1980

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
21N	22E	7	SE	SW			LEMHI

5. Description of diverting works:
2 WELLS.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.020		
DOMESTIC	01/01	12/31	0.040		

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

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/2 HOMES.

MICROFILMED

DEC 15 1992

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
21N	22E	7	SE SW		IRR	1.0

Section Acres 1.0

Total Acres 1.0

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:
2 P/D IN SESW, S7, T21N, R22E.

15. Basis of Claim: LICENSE

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): John R. Swanson Date: 5-4-90

Date: _____

State of Idaho)
County of Bonnielle) SS.

Subscribed and sworn (or affirmed) before me this 4 day

of May 19 90

Seal

Betty J. Thompson
Notary Public

Residing at BETTY J. THOMPSON, NOTARY PUBLIC

RESIDING AT IDAHO FALLS, IDAHO

My Commission Expires 6-30-94