

11/02/2006

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

RIGHT NUMBER: 75-14249

NAME AND ADDRESS: TROY A COOPER
PO BOX 13
NORTH FORK ID 83466

SOURCE: FOURTH OF JULY CREEK
UNNAMED SPRING

TRIBUTARY: SALMON RIVER
TRIBUTARY: SALMON RIVER

QUANTITY: 0.030 CFS

PRIORITY DATE: 05/01/1970

POINT OF DIVERSION:

T24N R21E S25 NESWSE Within LEMHI County

T24N R21E S25 NESWSE Within LEMHI County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	04/01 10/31	0.030 CFS

PLACE OF USE: IRRIGATION in LEMHI County

T24N R21E S25 SWSE 1.00

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.

OTHER WATER RIGHTS USED AT THE SAME PLACE AND FOR THE SAME PURPOSES AS DESCRIBED ABOVE: 75-10214

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

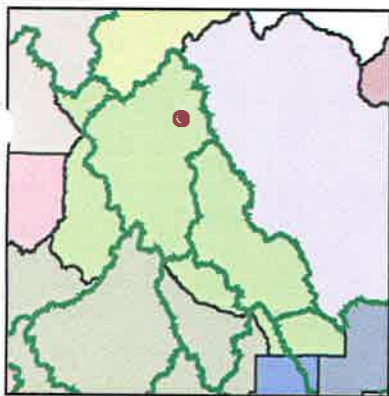


Idaho Department of Water Resources

SRBA Claim:
75-14249

Legend

-  Townships
-  PLS Sections
-  Quarter Quarters
-  Parcels



Lemhi County
IDWR Basin 75



Prepared by R. Brown
On Friday, May 19, 2006
1987/88 Aerial Photography



0 0.1 0.2 Miles

75-117



0.1 0 0.1 0.2 0.3 Miles

LEGEND

- Lemhi taxlots
- Township/Range
- Sections
- QQ
- IMAGE 1991 True Color

Prepared By: Danielle Favreau, 7/6/05, IDWR/IWWRI

T 24N
R 21E
S 25
~~SW~~
SW SE

26

25

30

24N21E

24N22E

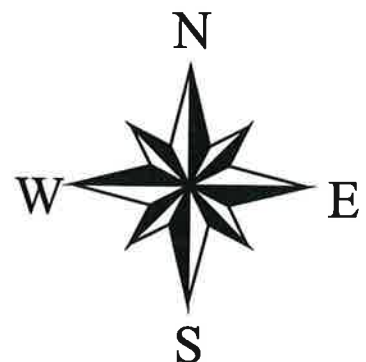
SCANNED
OCT 12 2005

Tract No. 75-14249
COOPER

75-14249



- Lemhi taxlots
- GCDB24N21E GCDB
- Application POD
- Pou.shp
- Pod.shp
- Administrative BasinsAdminbas.shp



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION SECTION
CLAIM VERIFICATION FIELD EXAM SHEET
(Use with the ECVR)

CLAIM NO(s). 75-14249

1. ☒ No Change NAME IS SAME

☐ NEW OWNER: _____

☒ No Change ADDRESS

☐ NEW ADDRESS: _____

2. ☐ No Change - DATE OF PRIORITY: Completed evidence submitted
☐ Incomplete - Claimant should be asked during the exam when was water first used and submit proof of date of priority.

Priority date, per claimant, is: _____

(If the priority date, based on your exam, seems questionable, explain below.)

3. ☒ No Change — SAME SOURCE

☐ Source is different than that claimed:

Source found: _____

4. ☒ No Change — POINT OF DIVERSION

☐ Point of diversion is different than the claim and/or new P/D's:

GPS Site Tag No.: A0017452

Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____ 1/4 _____
Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____ 1/4 _____

5. ☒ No Change - DESCRIPTION OF DIVERTING WORKS
☐ Incomplete description, list below:

1 1/2 hp pump in creek ^{+ spring} 5' left to sprinkler system

6. ☒ No Change - WATER USES
☐ Different uses, (list uses found):

Use _____	From _____	To _____	Amount _____	CFS _____	AFA _____
Use _____	From _____	To _____	Amount _____	CFS _____	AFA _____
Use _____	From _____	To _____	Amount _____	CFS _____	AFA _____

7. ☒ No Change - TOTAL VOLUME

☐ Incomplete on claim, the total is, Amount _____ CFS _____ AFA

☐ Changes found, the new total is, Amount _____ CFS _____ AFA

8. ☒ No Change - NON-IRRIGATION USES:

☐ Changes Exam found:

Domestic # of homes: _____ Stock # _____ List types: _____

Additional comments: _____

9. ☒ No Change — PLACE OF USE: (If changed, list below.)

Use: _____	Township _____	Range _____	Section _____	1/4 _____	1/4 _____
Use: _____	Township _____	Range _____	Section _____	1/4 _____	1/4 _____
Use: _____	Township _____	Range _____	Section _____	1/4 _____	1/4 _____
Use: _____	Township _____	Range _____	Section _____	1/4 _____	1/4 _____

Remarks: (Comments pertinent to field examination) ☐ See additional attachment

spring + po on creek are approx 50' apart

☐ SYSTEM DIAGRAM INCLUDED ☐ NA

☒ Shown on GIS Layout

☐ CK IF IN OFFICE EXAM

DATE EXAM CONDUCTED: 7-11-06

FIELD EXAMINER: Bob Koster

Print Name

Bob Koster

Signature

PUMPING STATION DISCHARGE																		
Pumping Plant Efficiency =															0.8			
Q = 8.8 * Hp * eff/lift + 2.31(psi)															Pressure at Well Head =		40 psi	
Horsepower																		
		0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5		
	5	0.04	0.07	0.11	0.14	0.18	0.22	0.25	0.29	0.33	0.36	0.40	0.43	0.47	0.51	0.54		
	10	0.03	0.07	0.10	0.14	0.17	0.21	0.24	0.28	0.31	0.34	0.38	0.41	0.45	0.48	0.52		
	15	0.03	0.07	0.10	0.13	0.16	0.20	0.23	0.26	0.29	0.33	0.36	0.39	0.43	0.46	0.49		
	20	0.03	0.06	0.09	0.13	0.16	0.19	0.22	0.25	0.28	0.31	0.34	0.38	0.41	0.44	0.47		
	25	0.03	0.06	0.09	0.12	0.15	0.18	0.21	0.24	0.27	0.30	0.33	0.36	0.39	0.42	0.45		
	30	0.03	0.06	0.09	0.12	0.14	0.17	0.20	0.23	0.26	0.29	0.32	0.35	0.37	0.40	0.43		
	35	0.03	0.06	0.08	0.11	0.14	0.17	0.19	0.22	0.25	0.28	0.30	0.33	0.36	0.39	0.41		
	40	0.03	0.05	0.08	0.11	0.13	0.16	0.19	0.21	0.24	0.27	0.29	0.32	0.35	0.37	0.40		
	45	0.03	0.05	0.08	0.10	0.13	0.15	0.18	0.20	0.23	0.26	0.28	0.31	0.33	0.36	0.38		
	50	0.02	0.05	0.07	0.10	0.12	0.15	0.17	0.20	0.22	0.25	0.27	0.30	0.32	0.35	0.37		
	55	0.02	0.05	0.07	0.10	0.12	0.14	0.17	0.19	0.21	0.24	0.26	0.29	0.31	0.33	0.36		
D	60	0.02	0.05	0.07	0.09	0.12	0.14	0.16	0.18	0.21	0.23	0.25	0.28	0.30	0.32	0.35		
e	65	0.02	0.04	0.07	0.09	0.11	0.13	0.16	0.18	0.20	0.22	0.25	0.27	0.29	0.31	0.34		
p	70	0.02	0.04	0.07	0.09	0.11	0.13	0.15	0.17	0.20	0.22	0.24	0.26	0.28	0.30	0.33		
t	75	0.02	0.04	0.06	0.08	0.11	0.13	0.15	0.17	0.19	0.21	0.23	0.25	0.27	0.29	0.32		
h	80	0.02	0.04	0.06	0.08	0.10	0.12	0.14	0.16	0.18	0.20	0.22	0.25	0.27	0.29	0.31		
	85	0.02	0.04	0.06	0.08	0.10	0.12	0.14	0.16	0.18	0.20	0.22	0.24	0.26	0.28	0.30		
t	90	0.02	0.04	0.06	0.08	0.10	0.12	0.14	0.15	0.17	0.19	0.21	0.23	0.25	0.27	0.29		
o	95	0.02	0.04	0.06	0.08	0.09	0.11	0.13	0.15	0.17	0.19	0.21	0.23	0.24	0.26	0.28		
	100	0.02	0.04	0.05	0.07	0.09	0.11	0.13	0.15	0.16	0.18	0.20	0.22	0.24	0.26	0.27		
W	105	0.02	0.04	0.05	0.07	0.09	0.11	0.12	0.14	0.16	0.18	0.20	0.21	0.23	0.25	0.27		
a	110	0.02	0.03	0.05	0.07	0.09	0.10	0.12	0.14	0.16	0.17	0.19	0.21	0.23	0.24	0.26		
t	115	0.02	0.03	0.05	0.07	0.08	0.10	0.12	0.14	0.15	0.17	0.19	0.20	0.22	0.24	0.25		
e	120	0.02	0.03	0.05	0.07	0.08	0.10	0.12	0.13	0.15	0.17	0.18	0.20	0.22	0.23	0.25		
r	125	0.02	0.03	0.05	0.06	0.08	0.10	0.11	0.13	0.15	0.16	0.18	0.19	0.21	0.23	0.24		
	130	0.02	0.03	0.05	0.06	0.08	0.09	0.11	0.13	0.14	0.16	0.17	0.19	0.21	0.22	0.24		
	135	0.02	0.03	0.05	0.06	0.08	0.09	0.11	0.12	0.14	0.15	0.17	0.19	0.20	0.22	0.23		
	140	0.02	0.03	0.05	0.06	0.08	0.09	0.11	0.12	0.14	0.15	0.17	0.18	0.20	0.21	0.23		
	145	0.01	0.03	0.04	0.06	0.07	0.09	0.10	0.12	0.13	0.15	0.16	0.18	0.19	0.21	0.22		
	150	0.01	0.03	0.04	0.06	0.07	0.09	0.10	0.12	0.13	0.15	0.16	0.17	0.19	0.20	0.22		
	155	0.01	0.03	0.04	0.06	0.07	0.09	0.10	0.11	0.13	0.14	0.16	0.17	0.18	0.20	0.21		
	160	0.01	0.03	0.04	0.06	0.07	0.08	0.10	0.11	0.13	0.14	0.15	0.17	0.18	0.20	0.21		
	165	0.01	0.03	0.04	0.05	0.07	0.08	0.10	0.11	0.12	0.14	0.15	0.16	0.18	0.19	0.21		
	170	0.01	0.03	0.04	0.05	0.07	0.08	0.09	0.11	0.12	0.13	0.15	0.16	0.17	0.19	0.20		
	175	0.01	0.03	0.04	0.05	0.07	0.08	0.09	0.11	0.12	0.13	0.14	0.16	0.17	0.18	0.20		
	180	0.01	0.03	0.04	0.05	0.06	0.08	0.09	0.10	0.12	0.13	0.14	0.16	0.17	0.18	0.19		
	185	0.01	0.03	0.04	0.05	0.06	0.08	0.09	0.10	0.11	0.13	0.14	0.15	0.16	0.18	0.19		
	190	0.01	0.02	0.04	0.05	0.06	0.07	0.09	0.10	0.11	0.12	0.14	0.15	0.16	0.17	0.19		
	195	0.01	0.02	0.04	0.05	0.06	0.07	0.09	0.10	0.11	0.12	0.13	0.15	0.16	0.17	0.18		
	200	0.01	0.02	0.04	0.05	0.06	0.07	0.08	0.10	0.11	0.12	0.13	0.14	0.16	0.17	0.18		
	205	0.01	0.02	0.04	0.05	0.06	0.07	0.08	0.09	0.11	0.12	0.13	0.14	0.15	0.17	0.18		
	210	0.01	0.02	0.03	0.05	0.06	0.07	0.08	0.09	0.10	0.12	0.13	0.14	0.15	0.16	0.17		

11/20/2006

**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: 75-14249

TROY A COOPER

PO BOX 13

NORTH FORK ID 83466

Telephone Number: (208)865-2479

RECEIVED
NOV 30 2006
IDWR/North

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:

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

DATE: 11/26/06

SIGNATURE: Troy A. Cooper

Please print your name: TROY A. COOPER

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

SCANNED

NOV 30 2006

RECEIVED

SEP 29 2005

Department of Water Resources

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER:

Ident. Number

Date Received

Receipt Number

15-14249³⁹⁵⁷⁶

9-29-05

COT9239

d.o. 10/12-05

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Troy Alan Cooper Phone (208) 865-2479Mailing Address P.O. Box 13, North Fork, Idaho Zip 834662. Date of Priority (Only one (1) per claim) MAY 1, 19703. Source of water supply (a) 4TH July Creek & UNNAMED SPRING
which is tributary to (b) SALMON RIVER4. a. Location of existing point of diversion is: Township 24N Range 21E Section 25, SESW (SEE ATTACHED MAP)
NE 1/4 of SW 1/4 of SE 1/4, Govt. Lot, _____ B.M., County of LemhiAdditional points of diversion if any: SAME

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.using A 1 1/2 H.P. IRRIGATION pump
with Buried sprinkler lines. I pump from A UNNAMED SPRING
with A headgate. The SPRING comes up on my property and
empties into 4TH July CR. on my property. SPRING IS APPROX.
100 Feet long, ON LOW WATER years & in the late summer
when spring almost dries up, I move the foot valve &
pump intake line to 4TH July creek to pump out of
the creek. I have 11 sprinklers that I irrigate with.

SCANNED

OCT 12 2005

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 4-1 to 10-31 amount 0.03 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.03 (cfs) and/or (b) _____ (acre feet)

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

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

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. 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>2YN</u>	<u>21E</u>	<u>25</u>															<u>1.0</u>		<u>1.0</u>

Total number of acres irrigated 1 ACRE

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

12. Do you own the property listed above as place of use? Yes ☒ Yes 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.
75-10214 or None ()

14. Remarks:

Last Name

Cooper

Ident No.

75-14249

SCANNED

OCT 12 2005

Scale: 2 inches equals 1 mile

A 16x16 grid of squares. Each square contains a crosshair pattern formed by two dashed lines intersecting at the center. The grid is composed of 16 columns and 16 rows, totaling 256 squares. The pattern is consistent across all squares, with the dashed lines forming a uniform cross in each cell.

Cooper

75-14249

SCANNED

OCT 12 2005

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number _____
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 1 map

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

Signature of Claimant (s) Larry A. Cooper Date 9/26/05

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 _____) SS.

Subscribed and sworn to (or affirmed) before me this 27th day of September 18 2005



Notary Public Robert E. Foster
Residing at Salmon, ID
My Commission Expires 02-16-07

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 _____

Last Name Cooper Ident. Number 75-14249

SCANNED
OCT 12 2005

4/5/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME Cooper, Tr Alan CLAIM IDENT. NO. 75-14249

DATE RECEIVED 9-29-05 CK # C079239 AMOUNT \$ 1.-

	YES	NO	Required Info?
1. Is the name and address complete with zip code?	☒	☐	*
2. Is a priority date entered?	☒	☐	*
Is the priority date acceptable in view of mandatory filing dates?	☒	☐	*
See Adjudication Memos #1 and #4 to determine if a Permit is required.	☒	☐	*
3. (a) Is a source entered?	☒	☐	*
(b) Is a tributary to entered? (if required)	☒	☐	
4. Is the legal description of the p.d. sufficient?	☒	☐	*
5. Is there a description of the diverting works?	☒	☐	
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form.	☒	☐	*
Is the period of use included?	☒	☐	
Is a quantity claimed for each use?	☒	☐	*
7. Is a total quantity claimed entered?	☒	☐	
8. If required is a consumptive use entered?	☒	☐	
Is the consumptive use correct?	☒	☐	
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4.	☒	☐	*
10. Is (are) the place(s) of use and purpose(s) indicated?	☒	☐	*
11. Is (are) the county(ies) entered?	☒	☐	
12. Is the ownership of p.u. checked?	☒	☐	
13. Are other water rights listed or "none" indicated?	☒	☐	
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.)	☒	☐	
15. Is the basis of the claim indicated?	☒	☐	
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.)	☒	☐	
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block.	☒	☐	*
18. Has the claim been signed, sealed, and dated by a notary?	☒	☐	*
19. Was this claim filed on time, or was an extension granted?	☒	☐	*
20. Is the fee enclosed correct?	☒	☐	*
21. If this claim is based on an existing water right, has the identification number been entered?	☒	☐	
22. Should this claim be data entered?	☒	☐	

Claim checked by: P. ohms Date: 10-12-05Claim must be returned to claimant: (Yes) ✓ (No)Claimant must be notified of modifications: (Yes) ✓ (No)

Receipt Prepared by: M. McMille Date: 9-29-05
 Claim data entered by: P. ohms Date: 10-12-05 Checked by: — Date: —
 Sent to claimant by: — Date: —

Comments: —