

RECEIVED

11/14/2006

DEC 20 2006

DEPARTMENT OF
WATER RESOURCES

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 8, 2006

Water right number: 67-7273

GAYLE DIXON

~~PO BOX 34~~ 3181 Fruitvale-Glendale Rd.

FRUITVALE ID ~~83620~~ 83612

Telephone Number: (208)253-4765

KEVIN M GRAY

~~PO BOX 34~~ 3181 Fruitvale-Glendale Rd.

FRUITVALE ID ~~83620~~ 83612

Telephone Number: (208)253-4765

*Record updated
12-20-06
JMS*

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: 12/8/06

SIGNATURE:

Kevin M. Gray

Gayle J. Dixon

Please print your name:

KEVIN M. GRAY

GAYLE J. DIXON

IDWR Regional Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, 2082874800

SCANNED

DEC 20 2006

11/03/2006

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

RIGHT NUMBER: 67-7273

NAME AND ADDRESS: GAYLE DIXON
PO BOX 34
FRUITVALE ID 83620

KEVIN M GRAY
PO BOX 34
FRUITVALE ID 83620

SOURCE: TRAIL CREEK
UNNAMED STREAM

TRIBUTARY: WEISER RIVER
TRIBUTARY: TRAIL CREEK

QUANTITY: 0.020 CFS
1.200 AFY

PRIORITY DATE: 05/26/1976

POINT OF DIVERSION:

T17N R01W S1 NWNE Within ADAMS County

T17N R01W S1 NENW Within ADAMS County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	1/01 12/31	0.020 CFS 1.20 AFY
Domestic use is for 1 home.		

PLACE OF USE: DOMESTIC in ADAMS County

T17N R01W S01 SWNE

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

Property also known as 3181 Fruitvale-Glendale Rd.

WATER RIGHT LICENSE

THIS IS TO CERTIFY, that KEVIN M. GRAY

Beneficial Use Period of Use Rate of Diversion Annual Volume

Domestic from January 1 to December 31 at 02 cfs and 1.2 acre feet

from _____ cfs and _____

from _____ at _____ cfs and _____

(both dates inclusive)

Description and location of place of use:

Twp.	Range	Sect.	NENW	NNWN	SWNW	SENE	NNWS	SWNS	SENES	NEWS	NNWS	SWNS	SENES	NESS	SNWS
17N	1W	1													

Director

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P

- New Meadows

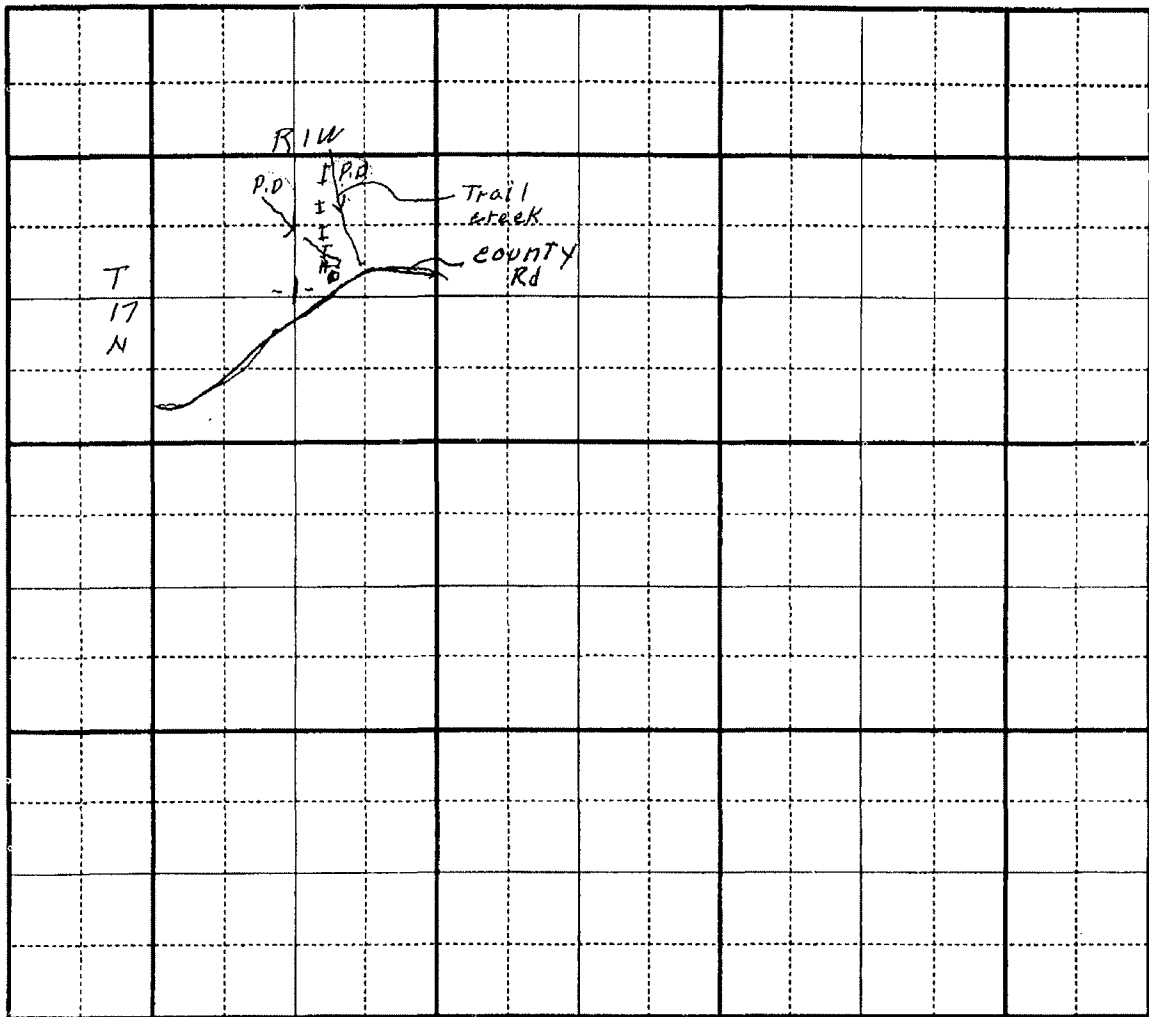


Diagram of System

Identification No. _____

Application No. 67-7273

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

APPROVED

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

1. Name of applicant Kevin M. Gray Phone:
post office address Box 34 Fruitvale, Idaho 83620
2. Source of water supply Trail Creek & unnamed stream which is a tributary of Libser River
3. a. Location of point of diversion is NW $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 1 Township 17N
Range 1W B.M. ADAMS County; additional points of diversion if any: _____
NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 1 T17N-R1W B.M.
- 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 0.02 for Domestic purpose from 1-1 to 12-31 (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. 0.02 cubic feet per second and/or
b. _____ acre feet per annum.
6. Proposed diverting works:
a. Description of ditches, flumes, pumps, headgates, etc. pump and storage tank

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 _____ to _____ inclusive.
(Mo. Day) (Mo. Day)
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 2 years.
b. Estimated construction cost is \$ 100.
8. Description of proposed uses:
a. If water is **not** for irrigation:
(1) Give the place of use of water: SW $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 1 Township 17N
Range 1W 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 1.
(5) If water is to be used for other purposes describe: _____

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

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	

Total number of acres to be irrigated _____

c. Describe any other water rights used for the same purposes as described above. None

9. a. Who owns the property at the point of diversion BLM

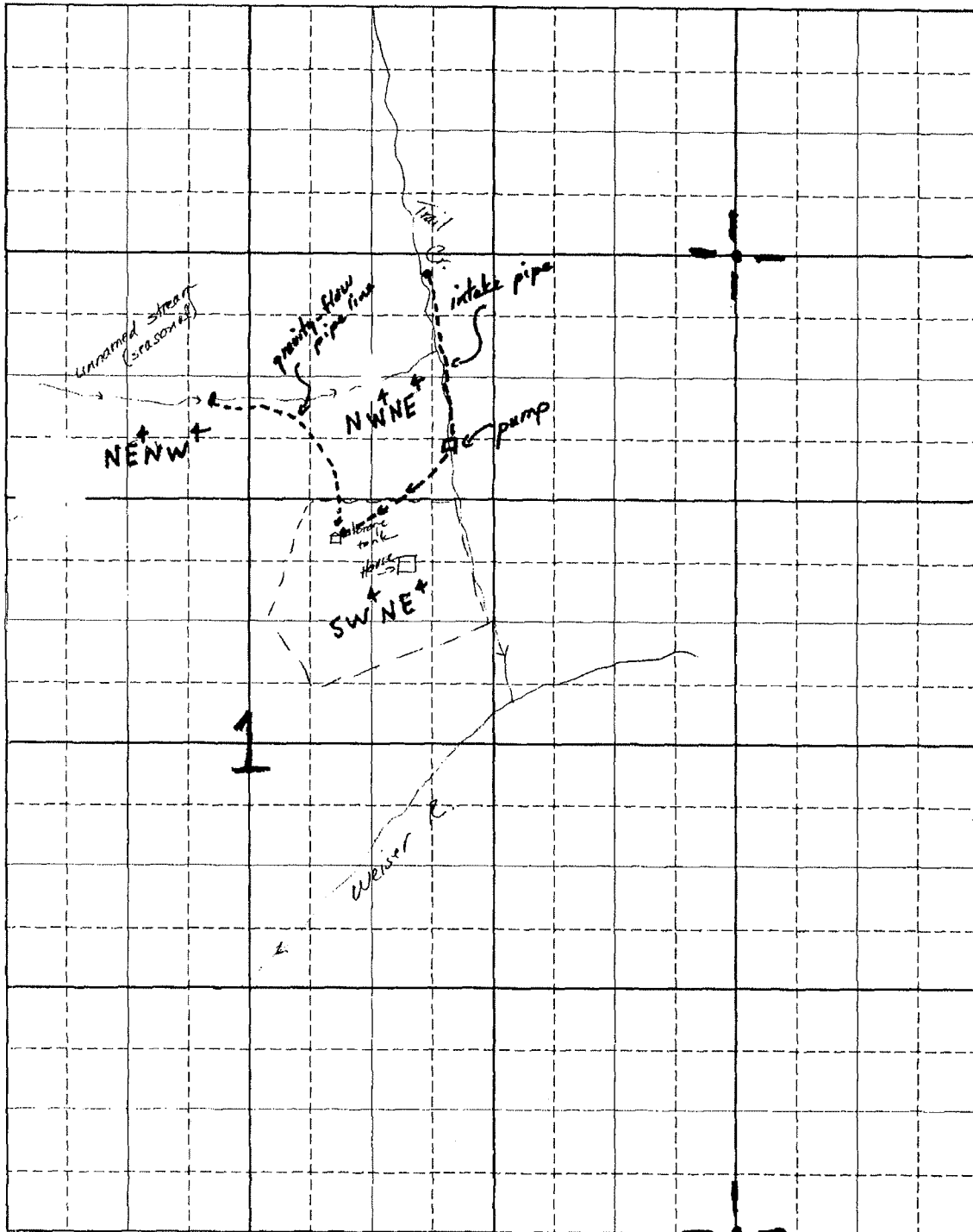
b. Who owns the land to be irrigated or place of use applicant

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing _____

10. Remarks _____

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

NE 4 S1 T17N R1W



Scale: 2 inches equal 1 mile
2" = 1/4 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.

Kevin M. Gray
(Applicant)

Proposed Priority 5-26-76

Received by DB Date 5-26-76 Time 8:30 Am

Preliminary check by PJC Fee \$1000.00

Received by RB Date 5-26-76 # 5007

Publication prepared by RB Date 5-27-76

Published in Adams County Leader

Publication dates June 3 & 10 re-ad July 1 & 8

Publication approved RB Date 6-14-76

Priority reduced to _____ Reason _____

Protests filed by: _____

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by JH DRT

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 67-7273, and said application is hereby APPROVED.

1. Approval of said application is subject to the following limitations and conditions:

- a. SUBJECT TO ALL PRIOR WATER RIGHTS.
- b. Proof of construction of works and application of water to beneficial use shall be submitted on or before August 1, 1978.
- c. Other: The issuance of this permit in no way grants any right-of-way or easement across the land of another person.

2. Denial of said application is for the following reasons: _____

Witness my hand this 23 day of July, 1976.


Director

FRUITVALE QUADRANGLE
IDAHO-ADAMS CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

25'

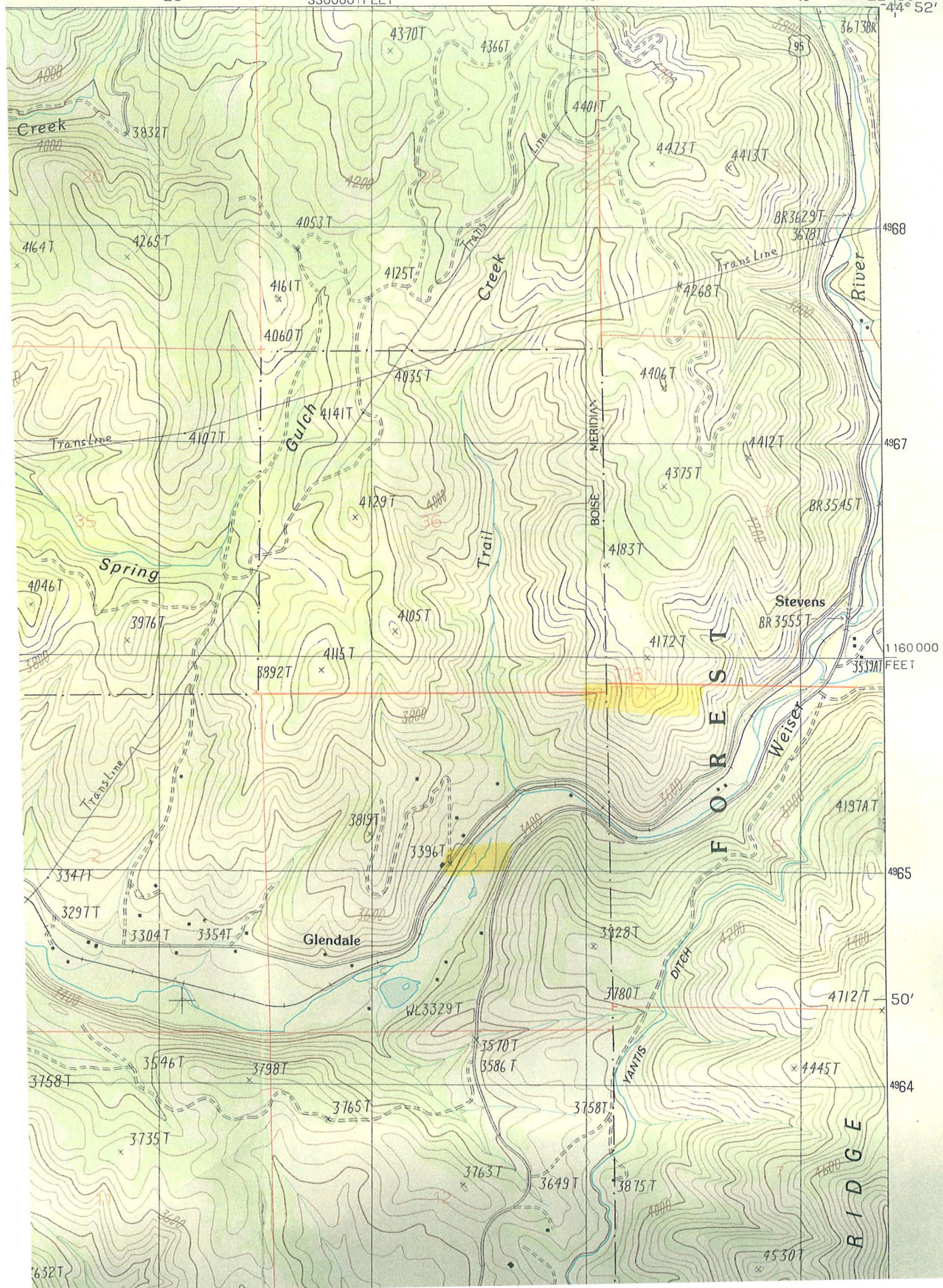
330000 FEET

548

549

116° 22' 30"

44° 52' 30"



IDAHO DEPARTMENT OF WATER RESOURCES
Adjudication Recommendation Report 67-7273 V1

WATER RIGHT NUMBER: 67-7273 V1

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	GAYLE DIXON PO BOX 34 FRUITVALE, ID 83620 (208)253-4765
Current Owner	KEVIN M GRAY BOX 34 FRUITVALE, ID 83620 (208)253-4765

Priority Date: 05/26/1976

Basis:

Status:

Source

Tributary

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
DOMESTIC	1/01 to 12/31	0.020 CFS	1.20 AF
<u>Total Diversion:</u>		0.020 CFS	1.20 AF

Location of Point(s) of Diversion

Place of Use
DOMESTIC

Twp	Rge	Sec	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	Totals
17N	01W	1													

Conditions of Approval:

Remarks:

Comments:

Dates and Other Information:

IDAHO DEPARTMENT OF WATER RESOURCES
Adjudication Recommendation Report 67-7273 V1

Decreed Date:
Enlargement Use Priority Date:
Enlargement Statute Priority Date:
Defendant:
Plaintiff:
Civil Case Number:
Judicial District:
Notice of Error Flag:
State or Federal: S
Owner Name Connector: AND
Water District Number: 67
Generic Max Rate Per Acre:
Generic Max Volume Per Acre:
Swan Falls Trust or Nontrust:
Swan Falls Dismissed:
DLE Act Number:
Carey Act Number:
Mitigation Plan: False
Combined Use Limits:

Element Reviewed/Verified Dates:

<u>Element</u>	<u>Last Reviewed Date</u>	<u>Reviewer</u>	<u>Last Verified Date</u>	<u>Verifier</u>	<u>Status</u>
Priority Date	5/20/2004 11:36:34 AM	segbert			
POD	5/20/2004 11:37:22 AM	segbert			
Source	5/20/2004 11:40:47 AM	segbert			
POU	5/20/2004 11:42:01 AM	segbert			
Use	5/20/2004 11:43:52 AM	segbert			
Season	5/20/2004 11:44:19 AM	segbert			
Quantity	5/20/2004 11:44:42 AM	segbert			

Verification Log:

<u>Element</u>	<u>Date Time Stamp</u>	<u>Reviewer</u>	<u>Log text</u>
Priority Date	5/20/2004 11:36:34 AM	segbert	(No) 1. Should this water use have been included in a later court decree of the water rights from this source? (Yes) 4. Is the basis of claim decree or license? (Yes) 5. Does the decree or license have a Priority Date? (Yes) 6. Did the Claimant claim the decreed or licensed Priority Date ?
POD	5/20/2004 11:37:23 AM	segbert	(Yes) 1. Is the basis of this claim a Decree or License? (Yes) 4. Does the Decree or License have a POD? (Yes) 5. Can the claimed POD be verified using the water right file?
POD	5/20/2004 11:39:27 AM	segbert	Edited point location
Source	5/20/2004 11:40:47 AM	segbert	(Yes) 1. Is the basis of claim Decree or License? (Yes) 4. Does the Decree or License have a source? (Yes) 5. Can the claimed source be verified using the water right file?

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: **A67-07273**
Date Received: 1/ 4/1990
Receipt No: W007389
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: KEVIN M GRAY 208-253-4765
Address: BOX 34
FRUITVALE ID 83620

AND/OR
Name: GAYLE DIXON 208-253-4765
Address: BOX 34
FRUITVALE ID 83620

2. Date of Priority: MAY 26, 1976

3. Source: TRAIL CREEK Trib. to: WEISER RIVER
UNNAMED STREAM TRAIL CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
17N	01W	1	NW	NE			ADAMS
			NE	NW			ADAMS

5. Description of diverting works:
PUMP & STORAGE TANK, 3/4" PIPELINE.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.020		1.20

7. Total Quantity Appropriated is:
0.020 C.F.S. (and/or) 1.20 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC, 1 HOME

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
17N	01W	1	SW	NE		DOMEST	

11. Place of use in counties: ADAMS

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

13. Other Water Rights Used:
67-07289

14. Remarks:
LOT 11, REICO RECORDER'S PLAT, ADAMS COUNTY.

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): _____ 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 FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. A67-07273Date Received 1-4-90Receipt Number W007389**RECEIVED**
JAN 04 1990
**NOTICE OF CLAIM
TO A
WATER RIGHT**Department of Water Resources
Western Regional Office**ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day.**

Filing Fee \$25

Please type or print clearly

- Name of Claimant (s) KEVIN GRAY and/or GAYLE DIXON Phone (208) 253-4765
Mailing Address Box 34 FRUITVALE, IDAHO Zip 83620
- Date of Priority (Only one per claim) May 26, 1976 Month/Day/Year (67-7273)
- Source of water supply (Check one) () Groundwater or Other (X) (a) TRAIL CR. + unnamed stream
which is tributary to (b) Weiser River Name or kind of source
- Location of point of diversion is: Township 17 N Range 1 W
Section 1, NW 1/4 of NE 1/4 of 1/4, Govt. Lot , BM.,
County of Adams
Additional points of diversion if any: NE 1/4 NW 1/4 Sec 1, T17N-R1W B.M.
- Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. 3/4" plastic pipe line, pump + storage tank.
- Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)
For Domestic purposes from 1/1 to 12/31 amount .02 (cfs)
(Both dates are inclusive)
For purposes from to amount
- Total quantity claimed .02 (cfs)
- Total consumptive use claimed is de minimus
- Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) Domestic, one household

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OCT 23 1996

10. Place of use is: Township: 17 N Range 1 W
Section 1, SW⁴ 1/4 of NE 1/4, Govt. Lot _____, B.M.,
for (Circle One) Domestic Stock Domestic and Stock
Additional places of use, if any _____

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

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.
() None or 67-7289, 67-892-022 (well, 9/26/89)

14. Remarks: Legal description, place of use: Lot 11, Reico Recorder's
Plat, Adams County

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License ~~Permit~~ Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number ~~License~~ # 67-7273

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood the form entitled "How you will receive notice in the Snake River Basin Adjudication". (b.) I/We do _____ do not X 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) Kevin M. Ray Date Jan. 2, 1990

Wayne J. Dineen Date 1-2-90

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

of _____, that I have signed the foregoing

document in the space below as _____ of _____

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of Adams) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 2nd day of January 1990

SEAL

Notary Public Patricia E. Libby

Residing at Council

My Commission Expires 10-23-93

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

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OCT 23 1996

Old (D) Number -

Phone -

+ - - - Decree Plaintiff - - - + + - - - Decree Defendant - - - + + - Decree Date - +
00/00/0000

MICHOHLIVED
OCT 23 1996

Prefix Translation: WATER RIGHT

+ - - Audit Fields - 06/18/85 05/01/88 CONVERT

+ - - - - - Water Rights Dates and Flags Area - - - - - +

Proof Due Date	- 08/01/1978	Field Exam Made	- 00/00/0000	Field Exam Fee	-
Approved/Denied	- 07/23/1976	Protested Date	- 00/00/0000	Swan Falls	-
Proof Made Date	- 01/01/1900	Hearing Date	- 00/00/0000	Temporary Right	- P
Exam to S.O. Date	- 00/00/0000	Verified Date	- 06/18/1985	DLE/Carey Act	-
Order Show Cause	- 00/00/0000	Receipt Number	-	Water District	- 67
Licensed Date	- 04/12/1982	Appl Received	- 00/00/0000	Transfer/Amended	-
Decree Date	- 00/00/0000	Presumption Flag	-		

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OCT 23 1996

ADJUDICATION CLAIM REVIEW CHECKLIST

12-1-92

CLAIMANT'S NAME Gray, Kevin & Dixon, Dayle CLAIM IDENT. NO. AL67-07273DATE RECEIVED 1-4-90 RECEIPT # W007389 FEE PAID \$ 25.00 FEE REQ'D \$ 25.00

	YES	NO	Require 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) N/A	☒	☐	
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 D/S uses. Other uses must be filed on the long form. Note: If stockwater stor. or instream stockwater are filed on the short form & all items complete, do not return claim.			
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? N/A	☒	☐	
Is the consumptive use correct? N/A	☒	☐	
9. Are the non-irrigation uses listed showing # of homes, hd. of stock?	☒	☐	*
If multiple domestic, is single ownership indicated?	☐	☐	
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.) N/A	☒	☐	
15. Is the basis of the claim indicated?	☒	☐	
16. If the basis of claim is shown as license, permit, or decree is the existing water right no. listed? N/A	☒	☐	
If yes, compare claim w/existing right and attach proof report noting any differences in comments.			
If no, was water right no. found?	☐	☐	*
17. If the basis of claim is shown as beneficial use, or not marked, are there existing water rights shown in our records using the legal description or name on the claim? N/A	☒	☐	
(If yes, attach a proof report & complete number change)			
NOTE: If the claim is for dom/stock this check is not as necessary unless it is located within an area where dom/stock rights were decreed.			
18. If the claimant requested a monthly docket sheet, was the fee paid? N/A	☒	☐	
19. Is the claim signed by the claimant, and is the signature appropriate?	☒	☐	*
20. Has the claim been signed, sealed, and dated by a notary?	☒	☐	*
21. Was this claim filed on time?	☒	☐	*
(Check ML3 for date mailed-not all were mailed on the planned date)			
If no, was an extension of time filed & approved?	☐	☐	
22. Is the fee enclosed correct? Exempt	☐	☐	*

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	YES	NO
23. Is this claim being rejected and returned to claimant?	<u> X </u>	<u> X </u>
24. Can this claim be data entered?	<u> X </u>	<u> X </u>
25. Was claim modified?	<u> X </u>	<u> X </u>
If yes, do modifications require notification to claimant?		
Note: Modifications made must be explained in comments stating where the information for any changes was found.		

Claim reviewed by: ZD Date 3-25-94
Claim data entered by: ZD Date 07/14/94

IF REQUIRED INFORMATION IS INCOMPLETE SEE INSTRUCTIONS TO DECIDE WHETHER THE CLAIM NEEDS TO BE RETURNED OR IF IT CAN BE MODIFIED. IF IT MUST BE RETURNED INSTRUCTIONS WILL SPECIFY WHICH FORM LETTER TO USE.

Comments: _____

RECEIVED
MAY 13 1994