

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: A36-07483
Date Received: 8/04/1988
Receipt No: 500/293
Received By: JP

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

1. Name: VERNON MASON 208-536-2157
Address: 2769 N. WENDELL ROAD
WENDELL, ID 83355

AND/OR
Name: KAY MASON 208-536-2157
Address: 2769 N. WENDELL ROAD
WENDELL, ID 83355

2. Date of Priority: JUN 07, 1974

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
07S	15E	21	SE	NW	SW		GOODING

5. Description of diverting works:
WELL, PUMP & SPRINKLERS.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.120		

7. Total Quantity Appropriated is:
0.120 C.F.S. (and/or) 24.00 A.F.A.

8. Total consumptive use is 18.0 Acre Feet Per Annum.

9. Non-irrigation uses:

A36-07483

Page 1

Date: 08/04/88

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
07S	15E	21	NW	SW		IRR	6.0
Section Acres							6.0
Total Acres							6.0

11. Place of use in counties: GOODING

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

13. Other Water Rights Used:
NONE

14. Remarks:

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 X 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): Vernon E. Mason Date: 8-4-88

Date: _____

State of Idaho)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 4th day
of August 19 88

Roxanne Storey
Notary Public

Seal

Residing at Buhl, Id
My Commission Expires 6-30-94

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s)	Adjudication Claim No(s)	Split	Water Right No(s)	Adjudication Claim No(s)	Split
36 - 7483	8				

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or SURVEY MAP clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) are 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(s)

Vernon Mason

Julia Kay Mason

4. New Owner/Claimant(s)

Vernon & Beth Mason

Name Connector (Check one): ☐ and, ☐ or, ☒ and/or

New Mailing Address

2769 N. Wendell Rd.

City, State and ZIP Code

Wendell, ID 83355

New Telephone Number

(208) 536-2157

5. Date you acquired the property

Re-married 1999 April 25

\$25

Death Certificate

6. **If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7.** If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s) _____
(include title if applicable) Vernon Mason
Beth Mason

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only

Received by NT Date 05/27/05 Fee \$25.00
 Receipted by NT Date 05/27/05 Receipt No. 3027708
 Processed by NT AJ Date 05/27/05 WR 36-7483 Date 5/27/05

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: FEBRUARY 28, 1997

STATE FILE NUMBER: 97-01288

DECEDENT: JULIA KAY MASON

DATE OF DEATH: FEB. 18, 1997

PLACE OF DEATH: TWIN FALLS, IDAHO

DATE OF BIRTH: JULY 29, 1930

PLACE OF BIRTH: IDAHO

AGE: 66 YEARS

SEX: FEMALE

VETERAN? NO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: VERNON MASON

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE: WENDELL, IDAHO

FATHER: WESLEY A. SALISBURY

FATHERS BIRTHPLACE: COLORADO

MOTHER (MAIDEN): CORA MARGARET WOODARD

MOTHERS BIRTHPLACE: NEBRASKA

MORTUARY: DEMARAY FUNERAL SERVICE

MORTICIAN: DWAIN MARK DEMARAY

GOODING, IDAHO

DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: RONALD K. FULLMER, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

A. GROUP A STREPTOCOCCAL PNEUMONIA

4 DAYS

B. SEPTIC SHOCK 2ND TO #A.

4 DAYS

C. SEVERE COPD

8 YEARS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

OLIGURIC ACUTE RENAL FAILURE

MANNER OF DEATH: NATURAL

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

MARCH 11, 1997

DATE ISSUED:

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR



RECEIVED

MAR 09 2004

Department of Water Resources
Southern Region

KAY MASON POST

AWAY IN THE YEAR

OF 1996 36-7483
D.O.O.

IF ITS NEEDED

I CAN SEND COPY

OF DEATH CERTIFICAT

AND I REMARRIET

I 1999 HER NAME

IS BETH MASON (over)

IF ITS POSSIBLE
TO PUT HER NAME
ON WATER RIGHT

Vernon Mason
2769 N. Wendell Rd
Wendell ID 83355

36-7483

name

Death certificate

Marriage certificate

\$25 fee



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

SOUTHERN REGION

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

March 11, 2004

VERNON MASON
2769 N WENDELL RD
WENDELL ID 83355

RE: OWNERSHIP CHANGE FOR DECREED WATER RIGHT #36-7483

Dear Mr. Mason,

Thank you for sending the Department information on the changes needed for your Water Right.

In order for our records to be changed, however, it is necessary for you to complete the enclosed Notice of Change of Water Right Ownership form. Please complete the highlighted items. The deeds and maps are not required but we do need a copy of the Death Certificate for Kay and a copy of the marriage certificate of you and Beth to make the changes. There is a required fee of \$25. Return everything in the enclosed self-addressed envelope. Once this packet is received, the changes will be made to our records, and you will be sent confirmation that the change has been completed.

Thank you for your prompt attention to this matter and should you have any questions please feel free to contact me. (208) 736-3033

Sincerely,

A handwritten signature in cursive script, appearing to read 'Carrie Hahn', is written over a faint, larger signature.

Carrie Hahn
Clerk

CLAIM NUMBERS 36-07483DATE 10/23/97AGENT 8

TRANSFER NUMBER _____

OBJECTION FILED _____

TOTAL ACRES FROM RECOMMENDATION 6.39GEOGRAPHIC INFO SYSTEM 6.39

RIGHT NO				NE				NW				SW				SE			
	TNS	RNG	SEC	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE
RECOM	075	15E	21																
GIS																			
RECOM																			
GIS																			
RECOM																			
GIS																			
RECOM																			
GIS																			
RECOM																			
GIS																			

UPDATED

POLYGON #

UPDATED

B36-DBPOU.DBF 664

POLYGON CREATED ON 604 (✓)

B36-DBPOD.DBF 634ATTRIBUTES OF B36-POU.SHP 664ATTRIBUTES OF B36-POD.SHP 634 SWNW SW-21

P/U CONFLICT yes () no (✓)

P/D CONFLICT yes () no (✓)

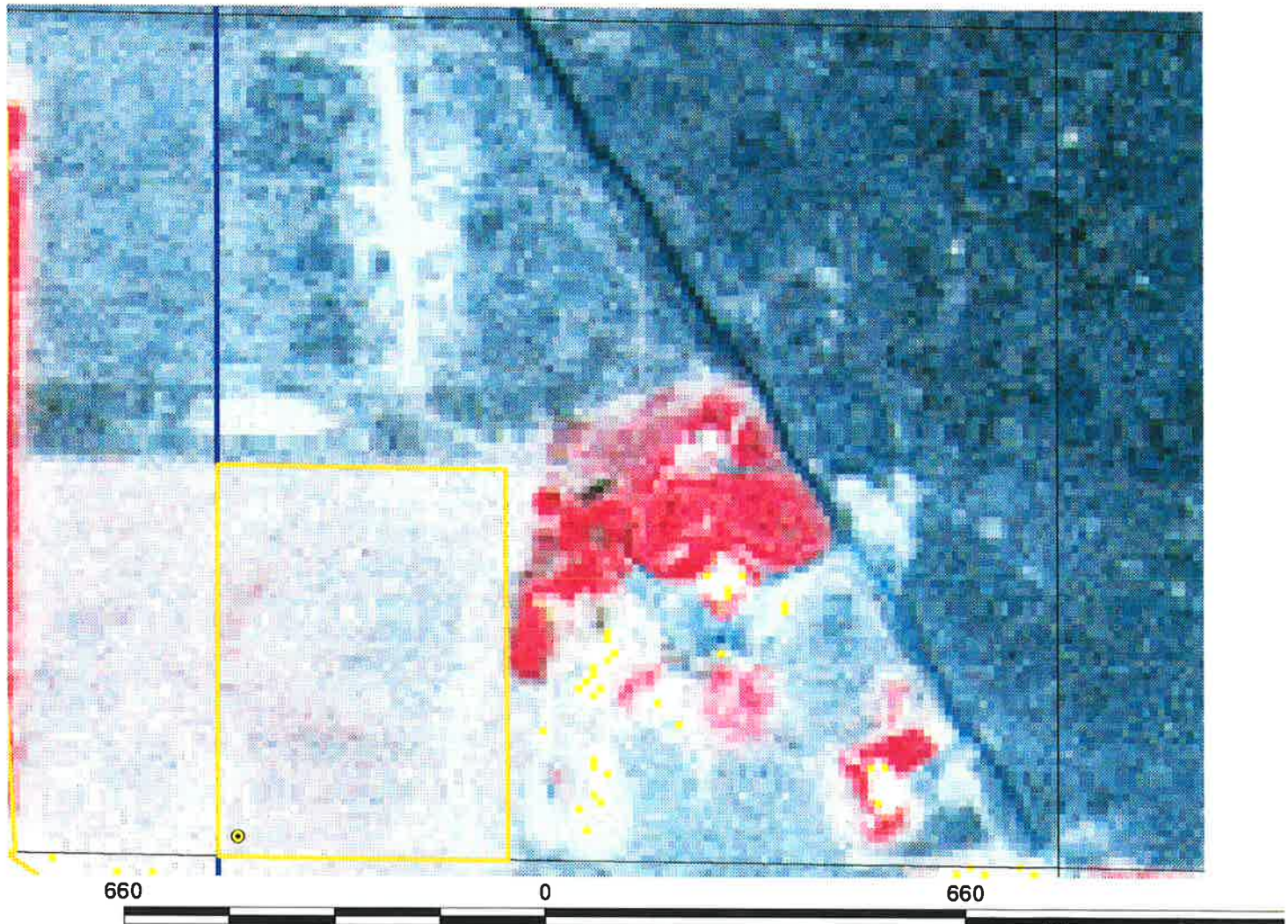
READY FOR DECREE yes (✓) no ()

SENT FOR DECREE yes () no ()

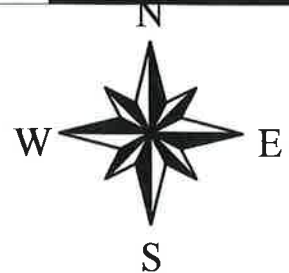
IDAHO DEPARTMENT OF WATER RESOURCES

36-07483

VERNON & KAY MASON



TNS 7S, RNG 15E, SEC 21



⊙ RECOMMENDED POINT OF DIVERSION

RECOMMENDED PLACE OF USE

SECTION LINES

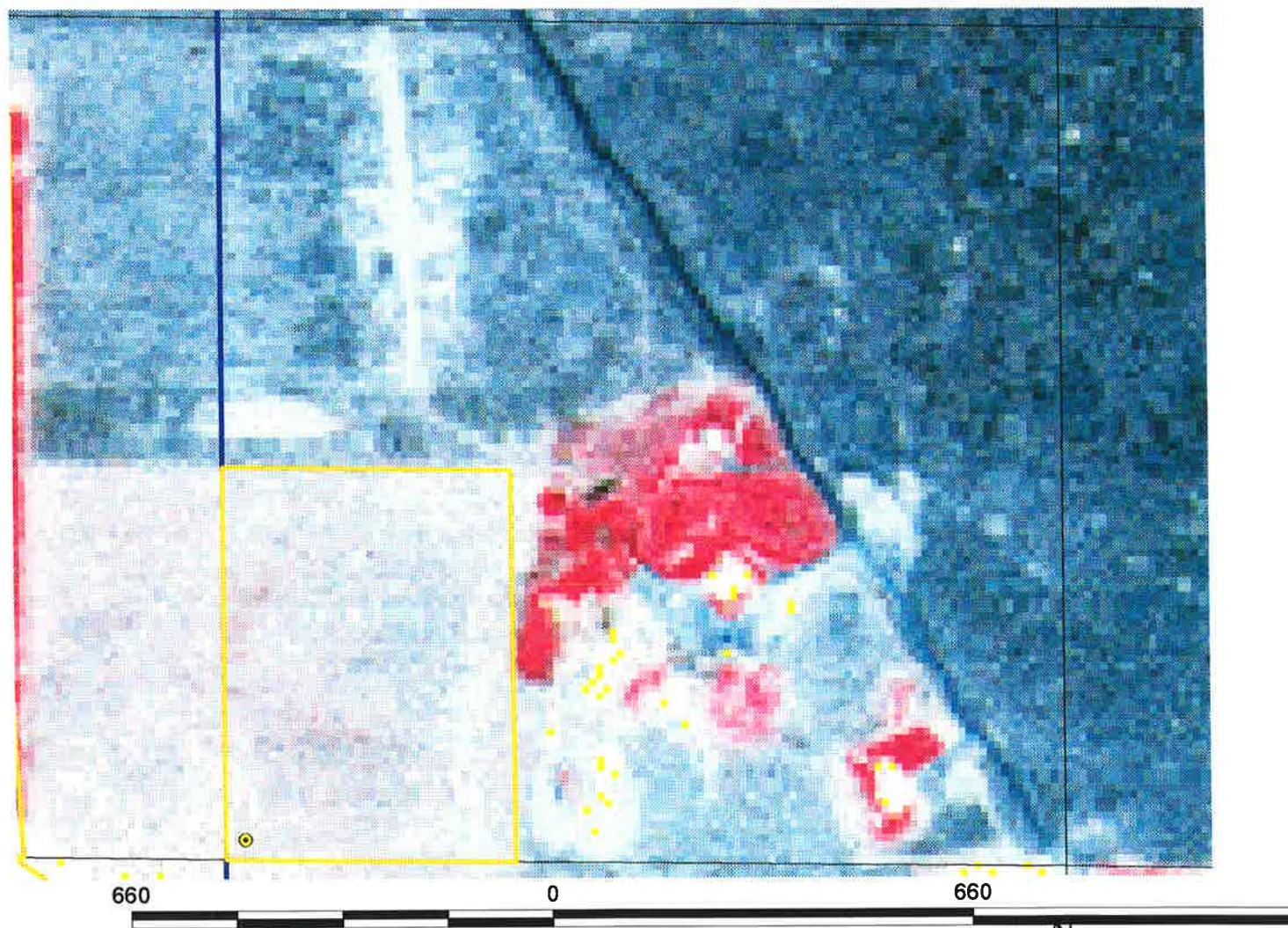
QUARTER/QUARTER LINES

GIS PLACE OF USE PRESENTATION
1987 and/or 1988 NAPP PHOTOGRAPHY
DATA ENTRY OCTOBER 1997
BY JEANIE ROBERTSON

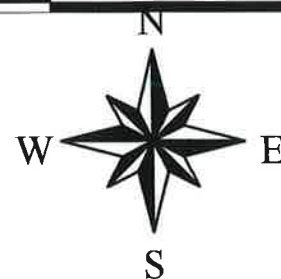
IDAHO DEPARTMENT OF WATER RESOURCES

36-07483

VERNON & KAY MASON



TNS 7S, RNG 15E, SEC 21



⊙ RECOMMENDED POINT OF DIVERSION



RECOMMENDED PLACE OF USE



SECTION LINES



QUARTER/QUARTER LINES

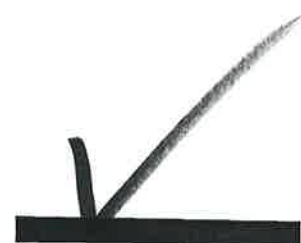
"DO NOT FILM"

GIS PLACE OF USE PRESENTATION
1987 and/or 1988 NAPP PHOTOGRAPHY
DATA ENTRY OCTOBER 1997
BY JEANIE ROBERTSON

R PROOF



CVR



MAPS



PHOTOS



MISC



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Water Right Number - R36-07483

Prefix Translation: RESEARCH

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** C - CURRENT OWNER ***
MASON

VERNON

1 - 2769 N. WENDELL RD.

2 -

3 -

City- WENDELL

State- ID Zip- 83355

Phone - 208-536-2157

MASON

KAY

1 - 2769 N. WENDELL RD.

2 -

3 -

City- WENDELL

State- ID Zip- 83355

Phone - 208-536-2157

+ - - Priority Date - - + + - - Region - - - + + - - Stage - - - + + - - Status - - - - +
06/07/1974 17 SOUTHERN L - LICENSE+ - - - - Source - - - - - + + - - - - Tributary - - - - - +
GROUNDWATER

+ - - - - Point of Diversion - - - - - +

Twn Rng Sec Tract Lot RFlg County

07S 15E 21 SW NW SW (47) GOODING

+ - - - - Water Use - - - - - +

Code	Description	Period From	Period To	Diversion Rate	Diversion Volume
01 - IRRIGATION		03/15	11/15	0.120	24.00

+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Consumptive Use - + + - KW Usage - +
0.120 24.00 18.0

+ - - - - Place of Use - - - - - +

Twn	Rng	Sec	Tract	Lot	Acres	Code	Description	County
07S	15E	21	NW SW		6.0	01	IRRIGATION	(47) GOODING

Total Acres: 6.0

+ - - Diversion Means - WELL, PUMP & SPRINKLERS.

+ - - Non-Irrigation Use -

+ - - Other Rights for Same Use - NONE

+ - - - - Remarks - - - - - +
No Remarks found.

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Water right number - R36-07483

Prefix Translation: RESEARCH

+ - - - - Old Water Right Numbers - - - - - +

+ - - - - Old Water Right Numbers - - - - - +

No Old Water Right Numbers Found

+ - - - - Conditions of Approval - - - - - +

No Conditions of Approval found.

+ - - - - Decree Plaintiff - - - +

+ - - - - Decree Defendant - - - +

+ - Decree Date - +

00/00/0000

+ - - - - Comments - - - - - +

Date: 11/20/1991 User Id: WORSTELL Subject: PERIOD OF USE

CHANGED TO 3/15 TO 11/15

+ - - Audit Fields - - +

11/20/91 WORSTELL

+ - - - - Adjudication Rights Dates and Flags Area - - - - - +

Court Report Filing	- 00/00/0000	Field Inspection Made	- 00/00/0000	Civil Case Number	- 39576
Objection Filed Date	- 00/00/0000	Field Inspection Flag	-	Old Case Number	-
Response Filed Date	- 00/00/0000	Verified Date	- 11/20/1991	Old Judicial District	-
Claim Received Date	- 08/04/1988	Last Amended Date	- 00/00/0000	Temporary Right	- P
		Receipt Number	- S001293	Water District	-
		POU Ownership Flag	- Y	Federal/State Indicator	- S
		Name Connector	- AND/OR	Presumption Flag	-
				Notice of Error Flag	-

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

00:18:56
08/30/90

PAGE: 12
QUICKLOOK INFORMATION

CLAIM NUMBER: A36-07483

WE ELEMENT	FIELD EXAM Y/N	CORRESPONDENCE SENT/RECEIVED BY WHOM/DATE	FIELD EXAM BY WHOM/DATE	CHANGE CLAIM Y/N	VERIFIED BY CODE	COMPLETED REVIEW WHOM/DATE	COMPLETED DATA ENTRY WHOM/DATE	VERIFIED DATE WHOM/DATE
PRIORITY DATE				N				
POINT OF DIV	Y			Y	6	R.V.H. 11/20/91		R.V.H. 11/20/91
SOURCE				N				
PLACE OF USE	Y			N				
DIV. AMOUNT CFS/VOLUME				N				
CONSUMPTIVE USE				N				
PURPOSES				N				
PERIOD OF USE				N				
BASIS OF CLAIM				N				
REMARKS				Y				

"VERIFIED BY" CODES

TOPG MAP/ORTHO-PG = 1
ASCS MAP = 2
WATERMASTER RECORDS = 3
NAEP PHOTOS = 4
FIELD EXAM = 5
OTHER (SEE REMARKS) = 6

THESE CODES ARE USED TO INDICATE HOW THE FIELD EXAMINER VERIFIED THE INFORMATION
USED FOR THIS FIELD EXAMINATION. INDICATED ARE ALL CODES WHICH APPLY.

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STATE OF IDAHO -
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

00:18:56
08/30/90

PAGE: 1
GENERAL INFORMATION

CLAIM NUMBER: A36-07483

LAST: MASON
ADDRESS: 2769 N. WENDELL RD.
CITY: WENDELL
PHONE NUMBER: 208-536-2157
OWNER CODE: C

FIRST: VERNON
STATE: ID ZIP: 83355

LAST: MASON
ADDRESS: 2769 N. WENDELL RD.
CITY: WENDELL
PHONE NUMBER: 208-536-2157
OWNER CODE: C

FIRST: KAY
STATE: ID ZIP: 83355

FIELD EXAM REQUIRED?
VERIFICATION REQUIRED DUE TO REMARKS?
NO REMARKS IN CLAIM

DATABASE
N

FIELD
EXAMINER

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FEB 04 1993

CONTACT PERSON: _____

DATE OF FIELD EXAM: ____/____/____

APPOINTMENT MADE: Y(____) N(____)

ACCOMPANIED BY: _____

RELATIONSHIP TO CLAIMANT: _____

DIRECTIONS TO PROPERTY / REMARKS:

PHONE NUMBER: (____) _____

TIME: ____:____ A(____) P(____)

PHONE NUMBER: (____) _____

A. AJ CLAIM: # A36-07483 PRIORITY DATE: 06-07-1974 STAGE: L
B. WR RECORD: # 36-07483 PRIORITY DATE: 06-07-1974 STAGE: L

C. FIELD EXAM REQUIRED?

DUE TO PRIORITY DATE DISCREPANCY? (Y/N)

DATABASE
N

FIELD
EXAMINER
N

ARE THERE OBVIOUS REASONS TO QUESTION THE PRIORITY DATE CLAIMED? Y() N(*/*)
IF YES EXPLAIN.

REMARKS:

RECOMMENDED PRIORITY DATE:
06-07-1974

REVIEWED BY *W*

DATE

10/12/90

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A. AJ CLAIM POINT OF DIVERSION AND SOURCE:

RIGHT	TWP.	RGE.	SEC.	1/4	1/4	1/4	LOT	CNTY
A36-07483	07S	15E	21	~~SE~~ SW	NW	SW		GOODING
OTHER AJ CLAIMS WITH SAME AJ POD				WR RECORDS IN SAME 40 ACRE TRACT				
A PREFIX				R PREFIX				
A36-10342				NONE				
A36-10701				NONE				

SOURCE: GROUNDWATER

TRIB:

B. WR POINT OF DIVERSION AND SOURCE:

RIGHT	TWP.	RGE.	SEC.	1/4	1/4	1/4	LOT	CNTY
36-07483	07S	15E	21		NW	SW		GOODING
OTHER WR RECORDS WITH SAME WR POD				AJ CLAIMS IN SAME 40 ACRE TRACT				
NONE				A PREFIX				
				R PREFIX				
				A36-10342				
				A36-10701				
				NONE				

SOURCE: GROUNDWATER

TRIB:

C. FIELD EXAM REQUIRED?

DUE TO POD DISCREPANCY? (Y/N)
DUE TO SOURCE DISCREPANCY? (Y/N)

DATABASE
Y
N

FIELD
EXAMINER

REMARKS:

*confirmed P.O.D. with orig lic. exam
see enclosed map*

RECOMMENDED POINT(S) OF DIVERSION AND SOURCE:

TWP.	RGE.	SEC.	1/4	1/4	1/4	LOT	COUNTY
72	152	21	SW	NW	SW		47

SOURCE: GROUNDWATER

TRIB:

REVIEWED BY:

m

DATE:

10/12/90

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A. ROOT WATER RIGHT NUMBERS: A36-07483

B. POB LISTING

TWP	RNG	SEC	1/4	1/4	LOT	NAME	AJ #/ACRES	WB #/ACRES	LANDSAT DATA	FIELD EXAM.	RECOMM. ACRES
07S	15E	21	NW	SW		MASON, VERNON	A36-07483 / 6.0	36-07483 / 6.0	9.0		6
						MASON, VERNON	A36-10342 /	- /			
						MASON, DANNY L.	A36-10701 /	- /			
TOTAL ACRES						A36-07483	6.00	6.00	9.00		6

ARE IRRIGATED ACRES FOUND IN TRACTS OTHER THAN INDICATED ABOVE, Y() N()
IF YES SEE ATTACHED SHEET:

C. FIELD EXAM REQUIRED?

DUE TO POB DISCREPANCY? (Y/N)

DATABASE
Y

FIELD
EXAMINER
N

PRESUMPTION FLAG:

REMARKS:

RECOMMENDATIONS:

TOTAL ACRES: 6

REVIEWED BY: W

DATE: 10/12/90

A. AS CLAIMED USES:

PURPOSES	MONTH/DAY	DIVERSION QUANTITY
A36-07483 IRRIGATION	FROM ~~04-01~~ ^{3/15} TO ^{11/15} 11-01	.120 CFS
TOTAL DIVERSION RATE/VOLUME CLAIMED		.120 CFS 24.00 AF/A

B. WR RECORDED USES:

PURPOSES	MONTH/DAY	DIVERSION QUANTITY
36-07483 IRRIGATION	FROM 04-01 TO 11-01	.120 CFS 24.00 AF/A
TOTAL DIVERSION RATE/VOLUME CLAIMED		.120 CFS 24.00 AF/A

PRESUMPTION FLAG:

C. FIELD EXAM REQUIRED?

DUE TO WATER-USE DISCREPANCY? (Y/N)
DUE TO DIVERSION RATE DISCREPANCY? (Y/N)
DUE TO PERIOD FROM/TO DISCREPANCY? (Y/N)

DATABASE
N
N
N

FIELD
EXAMINER


D. PERIOD OF USE:

RECOMMEND AS CLAIMED?

Y(☒) N(☐)

RECOMMEND TO WR STANDARDS OR OTHER?

Y(☒) N(☐) Explain in remarks, below.

REMARKS:

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A. DOES DIVERSION RATE CLAIMED AGREE WITH EXISTING RECORDS?

Y(☒) N(☐)

AJ TOTAL CLAIMED DIVERSION RATE: 0.120 CFS
WR ROOT RIGHT TOTAL DIVERSION RATE: 0.120 CFS

*** IF NO or IF STATUTORY CLAIM or BENEFICIAL USE then flow measurement required. ***
** If an amount smaller than the original diversion rate is **
** claimed and an exam is NOT required, explain in remarks. **

FLOW MEASUREMENT REQUIRED?

FIELD
DATABASE EXAMINER
Y N

DUE TO STAGE OR DIVERSION RATE DISCREPANCY? (Y/N)

B.

FLOW MEASUREMENT

MEASUREMENT METHOD _____, SEE ATTACHED CALCULATIONS.

C. ARE OTHER WATER RIGHTS USED? Y(☐) N(☒) IF YES COMPLETE OVERLAP REVIEW.

OTHER RIGHTS LISTED IN CLAIM: NONE

NO CLAIMS FOUND WITH SAME POI AND IRRIGATION USAGE

LIST ALL RIGHTS WITH SAME POI BUT NOT USED FOR IRRIGATION.

CLAIM NO.	PURPOSES	NAME	MONTH/DAY	RATE	VOLUME
A36-10342	DOMESTIC	MASON , VERNON	FROM 01-01 TO 12-31	.040 CFS	
A36-10701	DOMESTIC	MASON , DANNY L.	FROM 01-01 TO 12-31	.040 CFS	

D.

RATE/VOLUME CALCULATIONS: (IRRIGATION)

1a. IRRIGATION RATE
ACRES 6 x 0.02 CFS/ACRE = .12 CFS
(Taken from p/u review)

1b. CALCULATIONS

DOES AMOUNT CLAIMED EXCEED 0.02 CFS/ACRE? Y() N(/)

*** IF YES ADDITIONAL WATER USE FORM FILED AND ATTACHED? Y() N() ***

2. IRRIGATION CONSUMPTIVE USE

CLAIMED CONSUMPTIVE USE = 18.0 AF/A

ACRES 6 x CONSUMPTIVE VOL. AF/A FOR AREA 3 =
TOTAL CONSUMPTIVE USE 18 AF/A

3. IRRIGATION DIVERSION VOLUME

CLAIMED DIVERSION VOLUME = 24.00 AF/A

ACRES 6 x DIVERSION VOL. AF/A FOR AREA 4 =
TOTAL DIVERSION VOLUME 24 AF/A

4. CALCULATIONS FOR USES OTHER THAN IRRIGATION:

SEE ATTACHED SHEET? Y() N(/)

REMARKS: (Include limitations on CONSUMPTIVE USE for combined rights.)

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RECOMMENDATIONS:

REC. PURPOSES	REC. PERIOD FROM TO	REC. DIV RATE CFS	REC. DIV VOL. AF/A	REC. CONS. USE
IRRIGATION	04-01 11-01	DATABASE EXAMINER 0.120	DATABASE EXAMINER 24.00	DATABASE EXAMINER 18.0
TOTAL FOR THIS RIGHT		0.120	24.00	18.0

REVIEWED BY:

W

DATE:

10/12/90

A. CHECK ONLY THE FOLLOWING THAT APPLY:

OWNERSHIP _____
FORFEIT/ABANDON _____
ADDITIONAL DIV. AMOUNT _____

ACCEPTED AS CLAIMED	NEEDS REVIEW
(<u>N/A</u>)	()
()	()
()	()

B. SPLIT WATER RIGHT REVIEW

ROOT WATER RIGHT NUMBER: 36-07483

TOTAL DIVERSION RATE OF WR SPLITS

DATABASE
0.120

EXAMINER
N/A

CFS

SPLITS:

OLD RIGHT
NUMBERS

CURRENT
CLAIM NUMBERS

DIVERSION
RATE

CURRENT 'R'
CLAIM NUM.

'R' DIV.
RATE

WR RIGHT
NUMBERS

DIVERSION
RATE

-

A36-07483

0.120

-

36-07483

0.120

TOTAL CFS

0.120

0.120

DIVERSION RATE REVIEW

DO THE SUM CFS RATE OF THE SPLITS EQUAL THE ROOT RIGHT CFS RATE? (Y/N)
IF NO, is the written review sheet attached? (Y/N)

DATABASE
Y

FIELD
EXAMINER

N/A

REMARKS:

AUTHENTICATION:

SIGNATURE: W

DATE: 10/12/90

B.V. - N 11/20/91

NAME OF FIELD EXAMINER: to

TITLE: _____

MICROFILMED

FEB 04 1993

19

T
7
S

PID
PIU

RISE

36-0 7483

22

27

Wenden

Well
3445

Wenden Rd.
- 42511

Sewage Disposal
Ponds

DEMOND
-02476

CROWT
-02409

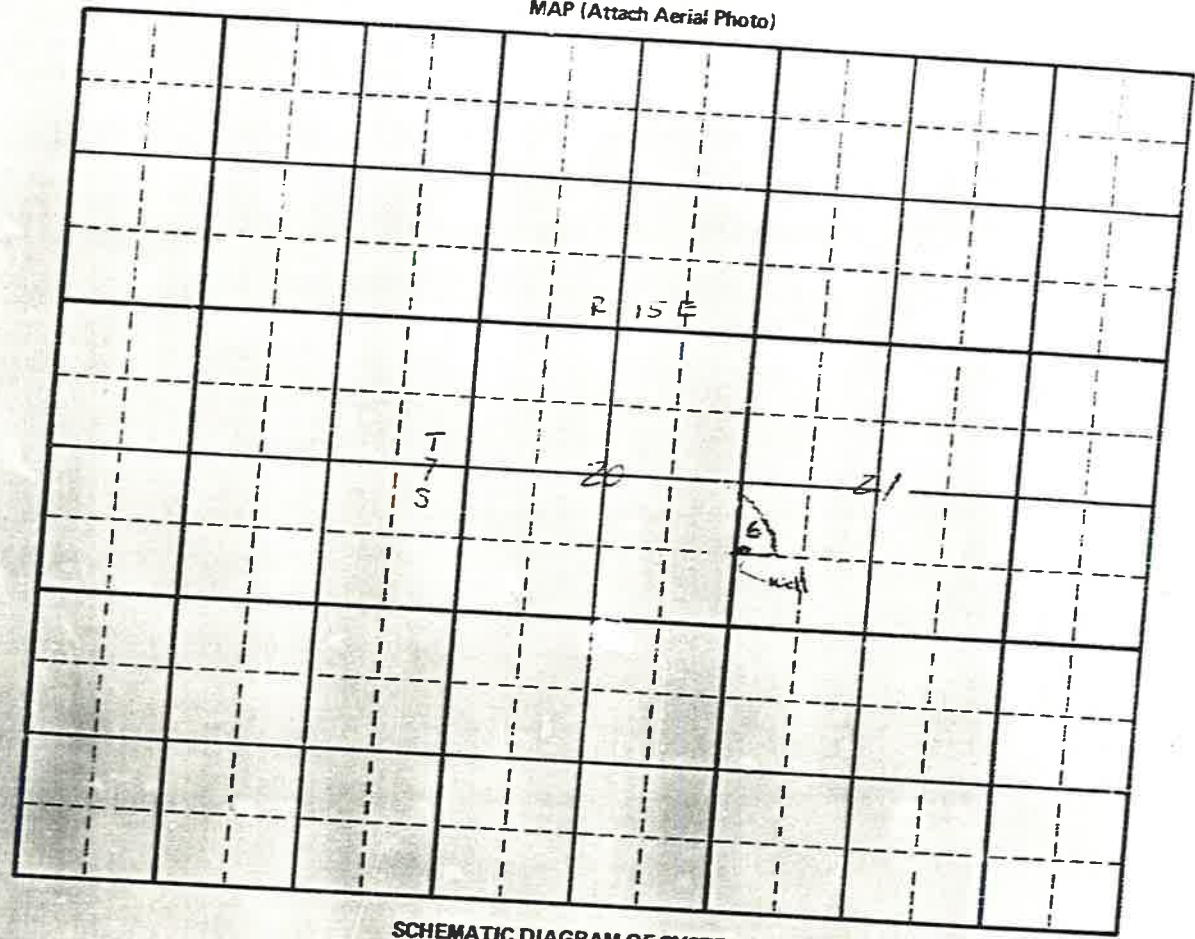
FEB 04 1983

AA71 SW

1977

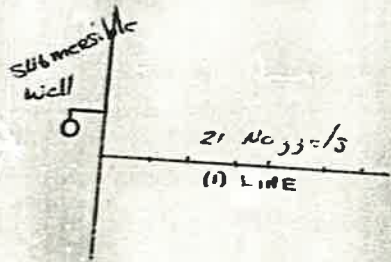
485
Permit No.

MAP (Attach Aerial Photo)



SCHEMATIC DIAGRAM OF SYSTEM

(Include distance from pump to measuring device, if applicable.)



Point(s) of diversion: NW 1/4 SW 1/4, SEC. 2 T 7 S R 15 E

Place(s) of Use

TWP.	RGE.	SEC.	NE 1/4				NW 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	
7S	15E	21									6				6

MICROFILMED
 FEB 04 1993