

State of Idaho
Department of Water Resources

CLAIM ANALYSIS SHEET

INITIAL REVIEW BY: RF

ID 74798

Right Number

87-10059

Applicant

University of Idaho

NOTE: IF ANY OF THE ITEMS BELOW ARE MISSING, THE CLAIM IS
INCOMPLETE AND MUST BE RETURNED IMMEDIATELY TO
THE CLAIMANT ALONG WITH THE APPROPRIATE COVER
LETTER.

CHECK:

- ☒ Name and address.
- ☒ Date of priority. (Check for a date past the mandatory filing dates.) (One date only.)
- ☒ Source.
- ☒ Quantity, use, period. Latah Co MP/June
- ☒ Point(s) of diversion. 6/5+12/08
- ☒ Location of use.
- ☒ Signature/notarization/fee.

FINAL REGIONAL PROCESSING REVIEW:

- 6/5 ☒ Affidavit of publication received.
- ☒ Claim published correctly.
- ☐ Exceptions processed.

By _____ Date _____

STATE OFFICE PROCESSING:

- ☐ Claim review complete.

By _____ Date _____