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DEPARTMENT OF
WATER RESOURCESState of Idaho
Department of Water Resources

71404

CLAIM ANALYSIS SHEET

INITIAL REVIEW BY: AB

Right Number

87-10032

Applicant

ROGERS

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.
☒ Point(s) of diversion.
☒ Location of use.
☒ Signature/notarization/fee.

Latah Co. mp./thurs
8/5+12/04 / 8/23

FINAL REGIONAL PROCESSING REVIEW:

- 8/27/04
8/30/2004
☒ Affidavit of publication received.
☒ Claim published correctly.
☐ Exceptions processed.

By

AB

Date

08-31-04

STATE OFFICE PROCESSING:

- ☐ Claim review complete.

By

Date

CALL
5-13-04
Verify which
mp/Elmer wants
to use