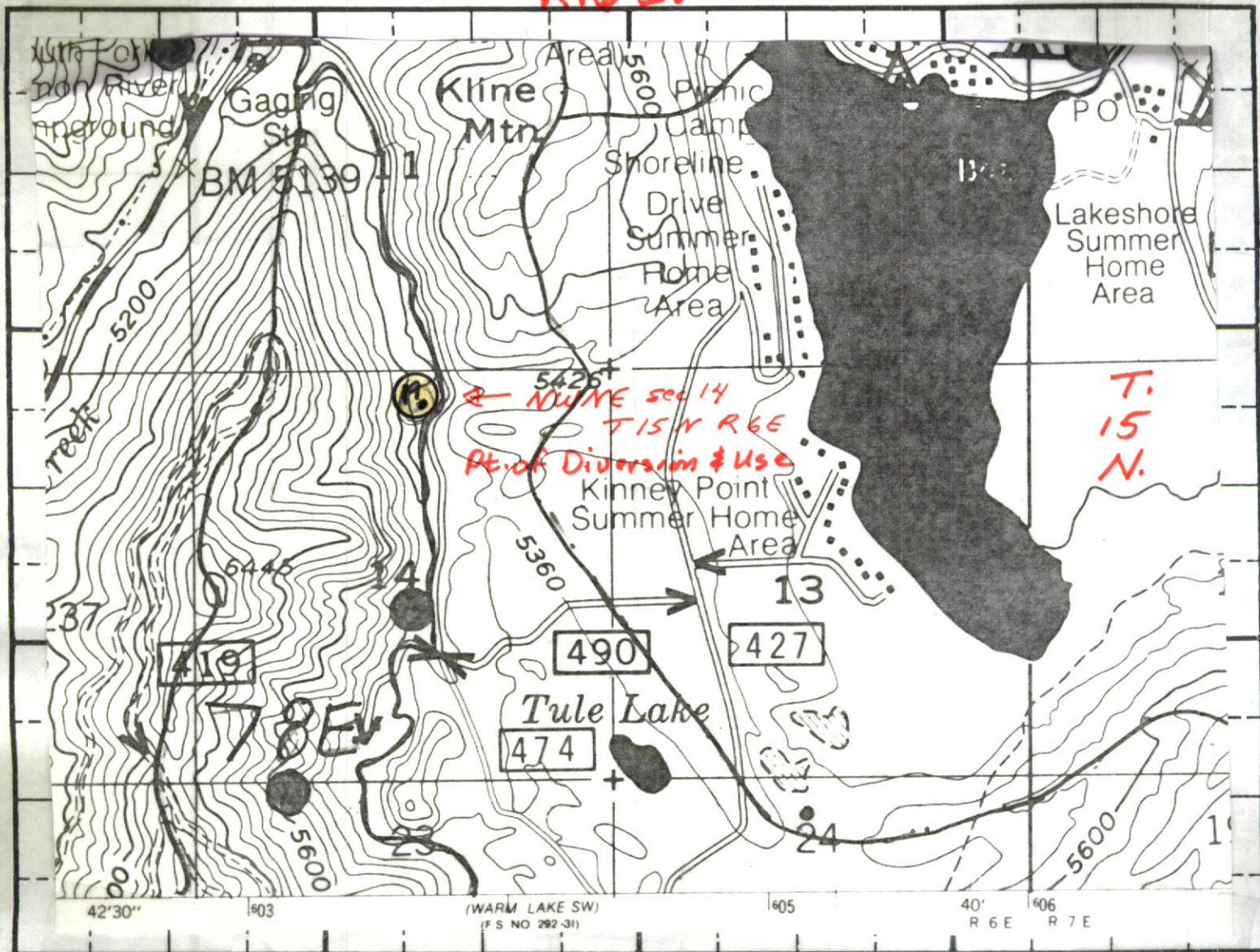


(8) Remarks \_\_\_\_\_

R. 6 E.



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of ~~Idaho~~ Utah )  
 ) ss.  
County of Weber )

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge. United States of America - Forest Service

*Richard L. Sanders*  
(for) T.A. ROEDERER (Claimant) DRF, Resources

Sworn to before me this 16th day of May, 19 83.

*Sandra S. Carlson*  
Notary Public  
Residing at Willard (Box Elder County) Utah

My commission expires 2-20-85

FOR DEPARTMENT USE ONLY

Received by mm Date 6-2-83 Exception filed by: \_\_\_\_\_ Date \_\_\_\_\_  
Prelim. check by JS Date 8-23-83 claimant by: \_\_\_\_\_  
\$30.00 fee received by JD Shaw Date 7/13/83 32382  
Published in The Star News  
Dates 9/28 & 10/5/83

MICROFILMED

# PUBLISHER'S AFFIDAVIT OF PUBLICATION

STATE OF IDAHO }

County of Valley }

SS.

RECEIVED

OCT 18 1983

Department of Water Resources  
Western Regional Office

Judy Brooks being duly sworn deposes and says, I am the bookkeeper of the Star-News, a weekly newspaper published at McCall, in the County of Valley, State of Idaho; that said newspaper is in general circulation in the county of aforesaid and is a legal newspaper; that the Notice of Claims, a copy of which is attached hereto and made a part hereof, was published in said newspaper once a week for two consecutive weeks in the regular and entire issue of every number thereof during the period and time of publication, and was published in the newspaper proper and not in a supplement; and that publication of such notice began October 5 19 83 and ended October 12 19 83

Subscribed and sworn to before me this the  
12th day of October 19 83

Tom Hot  
Notary Public in and for the State of  
Idaho, residing at McCall  
therein.

MICROFILMED

NOTICE OF CLAIMS  
FOR WATER RIGHTS  
The following claim(s) have  
been filed on water right(s)  
created by diversion and  
beneficial use:

77-4182  
U.S. DEPT. OF AGRI.  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: MOLLY'S HOT  
SPRINGS trib. to SALMON  
RIVER, SOUTH FORK  
Priority Date: 07/01/1930  
Diversion Pt: NWNW Sec 14  
T 15N R 06E  
Use: DOMESTIC (0.02 CFS)  
In: NWNW Sec 14 T 15N R  
06E

77-4183  
U.S. DEPT. OF AGRI.  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: SPRING trib. to  
BEARSKIN CREEK  
Priority Date: 7/01/1935  
Diversion Pt: NWNW Sec 34  
T 13 N R 08E  
Use: DOMESTIC (0.01 CFS)  
In: NWNW Sec 34 T 13N R  
08E

77-4184  
ALLEGREZZA, TOM  
7153 W. EMERALD,  
BOISE, ID 83704  
Source: BLUE MOON  
CREEK trib. to SULPHUR  
CREEK  
Priority Date: 05/01/1935  
Diversion Pt: SESW Sec 16 T  
14N R 09E  
Use: IRRIGATION (0.03  
CFS); POWER (11.00 CFS);  
DOMESTIC (0.15 CFS)  
In: NWNW Sec 21 T 14N R  
09E FOR 1 ACRES

77-4185  
U.S. DEPT. OF AGRI.  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: ROCK CREEK trib.  
to JOHNSON CREEK  
Priority Date: 07/01/1950  
Diversion Pt: NWSE Sec 24  
T 15N R 07E  
Use: IRRIGATION (1.00  
CFS)  
In: NESE Sec 24 T 15N R  
07E FOR 15 ACRES

77-4186  
U.S. DEPT. OF AGRI.  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH

ST., OGDEN, UT 84401  
Source: SPRING trib. to  
WARM LAKE CREEK  
Priority Date: 07/01/1951  
Use: DOMESTIC (0.02 CFS)  
In: SWNW Sec 17 T 15N R  
07E

77-4187  
U.S. DEPT. OF AGRI.  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: KNOX SPRING  
trib. to CABIN CREEK  
Priority Date: 07/01/1890  
Diversion Pt: NWNW Sec 01  
T 15N R 06E  
Use: DOMESTIC (0.01 CFS)  
In: NWNW Sec 01 T 15N R  
06E

77-4188  
U.S. DEPT. OF AGRI.  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: SPRING trib. to  
JOHNSON CREEK  
Priority Date: 05/27/1963  
Diversion Pt: NWSW Sec 28  
T 19N R 08E  
Use: IRRIGATION (0.03  
CFS)  
In: SENE Sec 29 T 19N R

08E FOR 1 ACRES  
77-4190  
U.S. DEPT. OF AGRI.  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: SPRING trib. to  
JOHNSON CREEK  
Priority Date: 07/01/1930  
Diversion Pt: NENE Sec 19  
T 15N R 08E  
Use: DOMESTIC (0.01 CFS)  
In: NENE Sec 19 T 15N R  
08E

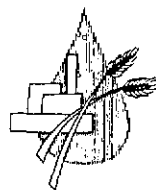
77-4191  
U.S. DEPT. OF AGRI.  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: CABIN CREEK  
trib. to SALMON RIVER,  
SOUTH FORK  
Priority Date: 07/01/1890  
Diversion Pt: NWSW Sec 31  
T 16N R 07E  
Use: IRRIGATION (4.00  
CFS)  
In: NWNW Sec 01 T 15N R  
06E NENE Sec 02 T 15N R 06E  
FOR 80 ACRES  
Exceptions to a claim may be  
filed with the Director, Dept of

Water Resources, Western  
Region, Statehouse, Boise,  
Idaho 83720.  
KENN DUNN, Dir.  
Published 10/5 & 10/12/83

RECEIVED

JUN 2 1983

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES



CLAIM TO A WATER RIGHT

Department of Water Resources  
Western Regional Office

Under the provisions of Section 42-243, Idaho Code, any person using or claiming rights to the public waters of Idaho established by diversion and application to a beneficial use must file a claim with the Department of Water Resources on or before June 30, 1983. Exempted from this filing are single family domestic uses as defined in Section 42-230(d), Idaho Code. Also exempted are rights represented by a permit, license, decree, adjudicated right, or a previously filed claim.

The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.

Notice is hereby given that United States of America - Forest Service

(Name of Claimant)

Federal Bldg., 324 25th St., Ogden, Utah

84401

Telephone No. (801) 625-5360

(Mailing Address)

(Zip Code)

claims a right to the diversion and beneficial use of the surface or ground water. The extent and nature of said claim is as follows:

(1) Date of priority: (When was the water first applied to a beneficial use) 7/1/1930

A claim is not acceptable on a ground water source with a priority later than March 25, 1963 or on a surface water source with a priority later than May 20, 1971. An exception is that a claim may be filed on single family domestic use from a ground water source.

(2) Describe the source of water: (Name of stream, lake, spring, etc., or ground water)

Molly's Hot Springs

tributary to S. F. Salmon River

(3) Describe the purpose for which the water has been used and the time during the year when you have used the right claimed:

| Quantity                 | (cfs, af) | Use                 | (Domestic, Irrigation, Stock, Etc.) | (Both dates inclusive)        |                 |
|--------------------------|-----------|---------------------|-------------------------------------|-------------------------------|-----------------|
|                          |           |                     |                                     | (Mo., Day)                    | (Mo., Day)      |
| Quantity <u>.015 cfs</u> |           | Use <u>Domestic</u> |                                     | Period of Use From <u>1/1</u> | To <u>12/31</u> |
| Quantity _____           |           | Use _____           |                                     | Period of Use From _____      | To _____        |
| Quantity _____           |           | Use _____           |                                     | Period of Use From _____      | To _____        |
| Quantity _____           |           | Use _____           |                                     | Period of Use From _____      | To _____        |
| Quantity _____           |           | Use _____           |                                     | Period of Use From _____      | To _____        |

(4) .015 cfs TOTAL QUANTITY USED.  
(cfs, af)

(5) A) Point of diversion: (Location of point where water is diverted from its source)

NW 1/4 NE 1/4, Sec. 14 Twp. 15N Rge. 6E B.M., County of Valley

Additional points of diversion: \_\_\_\_\_

B) Describe means of diversion of water: (Pump and pipeline, well, diversion dam, reservoir, length of ditch and field, etc.). Give sizes and capacities: be as specific as possible. Describe any changes in the system and give the date of the change. Water collected to two bathtubs of approx. 100 gallons each. Constant inflow and outflow to keep temperature constant.

(6) A) Describe location of use by listing number of irrigated acres within each 40-acre tract in appropriate box. If use is not for irrigation, place an "X" in appropriate box to show location.

| T   | R  | SEC. | NE 1/4 |        |        |        | NW 1/4 |        |        |        | SW 1/4 |        |        |        | SE 1/4 |        |        |        | TOTAL |
|-----|----|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
|     |    |      | 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 |       |
| 15N | 6E | 14   |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |    |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |    |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |    |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |    |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |    |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |    |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |    |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |    |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |

No. of acres \_\_\_\_\_

B) If water is used for other than irrigation, fully describe that use, being as specific as possible: These hot springs are used by the public for baths. An estimated 1000 visits occur per year to use the baths.

NOTE: Include here the type and number of stock watered: \_\_\_\_\_

(7) If you are claiming water as a member of an organization, list name of organization: \_\_\_\_\_

MICROFILMED

\_\_\_\_\_



Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge. United States of America - Forest Service

Sworn to before me this 16th day of May, 1983.

My commission expires 2-20-85

|                                          |                     |                     |              |      |
|------------------------------------------|---------------------|---------------------|--------------|------|
| Received by <u>nn</u>                    | Date <u>6-2-83</u>  | Exception filed by: | Forwarded to | Date |
| Prelim. check by <u>JG</u>               | Date <u>8-23-83</u> |                     | claimant by: |      |
| \$30.00 fee received by <u>IDS Shaws</u> | Date <u>7/13/83</u> | <u>32382</u>        |              |      |
| Published in <u>The Star News</u>        |                     |                     |              |      |
| Dates <u>9/28 &amp; 10/5/83</u>          |                     |                     |              |      |

# MICROFILMED

# PUBLISHER'S AFFIDAVIT OF PUBLICATION

STATE OF IDAHO

SS.

County of Valley

**RECEIVED**  
OCT 18 1983

Department of Water Resources  
Western Regional Office

Judy Brooks being duly sworn deposes and says, I am the bookkeeper of the Star-News, a weekly newspaper published at McCall, in the County of Valley, State of Idaho; that said newspaper is in general circulation in the county of aforesaid and is a legal newspaper; that the Notice of Claims, a copy of which is attached hereto and made a part hereof, was published in said newspaper once a week for two consecutive weeks in the regular and entire issue of every number thereof during the period and time of publication, and was published in the newspaper proper and not in a supplement; and that publication of such notice began October 5 19 83 and ended October 12 19 83

Judy Brooks  
Subscribed and sworn to before me this the  
12th day of October, 19 83

Tom [Signature]  
Notary Public in and for the State of  
Idaho, residing at McCall  
therein.

**MICROFILMED**

## NOTICE OF CLAIMS FOR WATER RIGHTS

The following claim(s) have been filed on water right(s) created by diversion and beneficial use:

77-4182  
U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: MOLLY'S HOT  
SPRINGS trib. to SALMON  
RIVER, SOUTH FORK  
Priority Date: 07/01/1930  
Diversion Pt: NWNW Sec 14  
T 15N R 06E  
Use: DOMESTIC (0.02 CFS)  
In: NWNW Sec 14 T 15N R  
06E

77-4183  
U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: SPRING trib. to  
BEARSKIN CREEK  
Priority Date: 7/01/1935  
Diversion Pt: NWNW Sec 34  
T 13N R 08E  
Use: DOMESTIC (0.01 CFS)  
In: NWNW Sec 34 T 13N R  
08E

77-4184  
ALLEGREZZA, TOM  
7153 W. EMERALD,  
BOISE, ID 83704  
Source: BLUE MOON  
CREEK trib. to SULPHUR  
CREEK  
Priority Date: 05/01/1935  
Diversion Pt: SESW Sec 16 T  
14N R 09E  
Use: IRRIGATION (0.03  
CFS); POWER (11.00 CFS);  
DOMESTIC (0.15 CFS)  
In: NWNW Sec 21 T 14N R  
09E FOR 1 ACRES

77-4185  
U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: ROCK CREEK trib.  
to JOHNSON CREEK  
Priority Date: 07/01/1950  
Diversion Pt: NWSE Sec 24  
T 15N R 07E  
Use: IRRIGATION (1.00  
CFS)  
In: NESE Sec 24 T 15N R  
07E FOR 15 ACRES

77-4186  
U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH

ST., OGDEN, UT 84401  
Source: SPRING trib. to  
WARM LAKE CREEK  
Priority Date: 07/01/1951  
Use: DOMESTIC (0.02 CFS)  
In: SWNW Sec 17 T 15N R  
07E

77-4187  
U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: KNOX SPRING  
trib. to CABIN CREEK  
Priority Date: 07/01/1890  
Diversion Pt: NWNW Sec 01  
T 15N R 06E  
Use: DOMESTIC (0.01 CFS)  
In: NWNW Sec 01 T 15N R  
06E

77-4188  
U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: SPRING trib. to  
JOHNSON CREEK  
Priority Date: 05/27/1963  
Diversion Pt: NWSW Sec 28  
T 19N R 08E  
Use: IRRIGATION (0.03  
CFS)  
In: SENE Sec 29 T 19N R

08E FOR 1 ACRES  
77-4190  
U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: SPRING trib. to  
JOHNSON CREEK  
Priority Date: 07/01/1930  
Diversion Pt: NENE Sec 19  
T 15N R 08E  
Use: DOMESTIC (0.01 CFS)  
In: NENE Sec 19 T 15N R  
08E

77-4191  
U.S. DEPT. OF AGRICULTURE  
FOREST SERVICE,  
FEDERAL BLDG., 324 25TH  
ST., OGDEN, UT 84401  
Source: CABIN CREEK  
trib. to SALMON RIVER,  
SOUTH FORK  
Priority Date: 07/01/1890  
Diversion Pt: NWSW Sec 31  
T 16N R 07E  
Use: IRRIGATION (4.00  
CFS)  
In: NWNW Sec 01 T 15N R  
06E NENE Sec 02 T 15N R 06E  
FOR 80 ACRES

Exceptions to a claim may be  
filed with the Director, Dept of

Water Resources, Western  
Region, Statehouse, Boise,  
Idaho 83720.  
KENN DUNN, Dir.  
Published 10/5 & 10/12/83

01 WATER RIGHT NUMBER - 77-4182

02 OLD (D) NUMBER -

03001 - U.S. DEPT. OF AGRI.  
LAST NAME

04001 - FIRST NAME

05001 - C ORIG. OWNER

06 ADD LINE 1 - FOREST SERVICE

07 ADD LINE 2 - FEDERAL BLDG.

08 ADD LINE 3 - 324 25TH ST.

09 CITY - OGDEN

10 STATE - UT

11 ZIP - 84401

12 STAGE - S STATUTORY CLAIM

13 STATUS -

14001 - MOLLYS HOT SPRINGS  
SOURCE15001 - SALMON RIVER, SOUTH FORK  
TRIBUTARY OF

16 DIVERSION MEANS - BATHTUBS

17 COUNTY - 85 VALLEY

18 DIVERSION CAPACITY - .000

19 TOTAL DIVERSION RATE - .015

20 TOTAL DIVERSION VOLUME - .00

21 WATER DISTRICT -

| TRACT   |      |         |    | SEC     |     |         |     | TWN     |         |         |   | RNG |     |     |     | DIVERSION POINTS |     |     |     | STREAM INDEX FIELDS |   |   |   |     |  |  |  |
|---------|------|---------|----|---------|-----|---------|-----|---------|---------|---------|---|-----|-----|-----|-----|------------------|-----|-----|-----|---------------------|---|---|---|-----|--|--|--|
|         |      |         |    |         |     |         |     |         |         |         |   |     |     |     |     | LOT              |     |     |     | RFLG                |   |   |   |     |  |  |  |
| 22001 - | NWNE | 23001 - | 14 | 24001 - | 15N | 25001 - | 06E | 26001 - | 27001 - | 28001 - | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0              | 0.0 | 0.0 | 0.0 | 0.0                 | 0 | 0 | 0 | 0.0 |  |  |  |

29 NON-IRRIGATION USE - D/PUBLIC BATHS.

| USE CODE / USE |    |          |  | TWN     |     |         |     | RNG     |    |         |      | SEC     |         |  |  | PLACE OF USE |  |  |  | TRACT |  |  |  | ACRES          |  |  |  | LOT |  |  |  |
|----------------|----|----------|--|---------|-----|---------|-----|---------|----|---------|------|---------|---------|--|--|--------------|--|--|--|-------|--|--|--|----------------|--|--|--|-----|--|--|--|
| 30001 -        | 43 | DOMESTIC |  | 31001 - | 15N | 32001 - | 06E | 33001 - | 14 | 34001 - | NWNE | 35001 - | 36001 - |  |  |              |  |  |  |       |  |  |  |                |  |  |  |     |  |  |  |
|                |    |          |  |         |     |         |     |         |    |         |      |         |         |  |  |              |  |  |  |       |  |  |  | TOTAL ACRES: 0 |  |  |  |     |  |  |  |

| PERIOD FROM |      |         |      | PERIOD TO |    |          |  | USE CODE / USE |       |         |      | WATER USE |  |  |  | DIVERSION RATE |  |  |  | DIVERSION VOLUME |  |  |  |  |  |
|-------------|------|---------|------|-----------|----|----------|--|----------------|-------|---------|------|-----------|--|--|--|----------------|--|--|--|------------------|--|--|--|--|--|
| 37001 -     | 0101 | 38001 - | 1231 | 39001 -   | 43 | DOMESTIC |  | 40001 -        | 0.015 | 41001 - | 0.00 |           |  |  |  |                |  |  |  |                  |  |  |  |  |  |

42 DECREE PLAINTIFF NAME -

43 DECREE DEFENDANT NAME -

44001 - REMARKS

APPROVAL CONDITIONS: 45001 -

46 OTHER RIGHTS FOR SAME USE -

| D A T E S |                 |   |            | D A T E S |                  |   |  | F L A G S |                  |   |  |
|-----------|-----------------|---|------------|-----------|------------------|---|--|-----------|------------------|---|--|
| 47        | PRIORITY        | - | 1-JUL-1930 | 55        | LICENSE          | - |  | 63        | TRANSFER/AMENDED | - |  |
| 48        | PROOF DUE       | - |            | 56        | APPL RECEIVED    | - |  | 64        | DLE/CAREY ACT    | - |  |
| 49        | PROOF MADE      | - |            | 57        | FIELD EXAM MADE  | - |  | 65        | FLAG_1           | - |  |
| 50        | APPROVE/DENIED- | - |            | 58        | DECREE           | - |  | 66        | FLAG_2           | - |  |
| 51        | PROTESTED       | - |            | 59        | START WORK       | - |  | 67        | FLAG_3           | - |  |
| 52        | HEARING         | - |            | 60        | ORDER SHOW CAUSE | - |  |           |                  |   |  |
| 53        | VERIFIED        | - |            | 61        | DATE_1           | - |  |           |                  |   |  |
| 54        | LAST UPDATE     | - | 3-APR-1986 | 62        | DATE_2           | - |  |           |                  |   |  |

State of Idaho  
Department of Water Resources

CLAIM ANALYSIS SHEET

INITIAL REVIEW BY: Jon J. J. J.

Right Number

77-

4182

Applicant

U.S.F.O.S.

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.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received. 10/18/83
- ☒ Claim published correctly. The Star News  
0128 & 10/5/83 30/323 & 2
- ☒ Exceptions processed.

By

DBS

Date

1/26/84

STATE OFFICE PROCESSING:

- ☒ Claim review complete.

By

DC

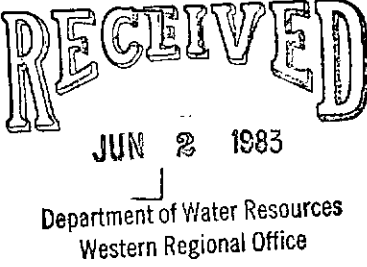
Date

2/15/84

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RECEIVED  
FEB 14 1984

Department of Water Resources

| Standard Form 1034<br>7 GAO 5000<br>1034-113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL                                                                                       |                                   |                                                         | VOUCHER NO.                    |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------|--------------------------------|------------------------------|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br><br>U.S. Dept. of Agriculture<br>Boise National Forest<br>1750 Front St.<br>Boise, ID 83702                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                        |                                   | DATE VOUCHER PREPARED<br>5/26/83                        |                                | SCHEDULE NO.                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |                                   | CONTRACT NUMBER AND DATE                                |                                | PAID BY                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |                                   | REQUISITION NUMBER AND DATE                             |                                |                              |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>PAYEE'S NAME AND ADDRESS</b><br/><br/>           Mr. A. Kenneth Dunn, Director<br/>           Idaho Dept. of Water Resources<br/>           Statehouse<br/>           Boise, ID 83702         </div> <div style="width: 45%; text-align: center;">  </div> </div>                                                                                                                        |                             |                                                                                                                                                        |                                   | DATE INVOICE RECEIVED                                   |                                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |                                   | DISCOUNT TERMS                                          |                                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |                                   | PAYEE'S ACCOUNT NUMBER                                  |                                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |                                   | SHIPPED FROM TO WEIGHT                                  |                                |                              |
| NUMBER AND DATE OF ORDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUANTITY                          | UNIT PRICE                                              |                                | AMOUNT<br><small>(1)</small> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |                                   | COST                                                    | PER                            |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5/26/83                     | Filing Fee:                                                                                                                                            | 7                                 | \$30                                                    |                                | \$210.00                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | Claim to a Water Right                                                                                                                                 |                                   |                                                         |                                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | Application for Amendment of a permit                                                                                                                  | 1                                 | \$20                                                    |                                | 20.00                        |
| I CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST AND THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                        |                                   |                                                         |                                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | DATE                                                                                                                                                   | PAYEE                             |                                                         |                                |                              |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                                                                                        |                                   |                                                         |                                | <b>TOTAL</b> \$230.00        |
| <b>PAYMENT:</b><br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE                                                                                                                                                                                                                                                                                                                                                                  |                             | APPROVED FOR<br>BY 2<br>TITLE                                                                                                                          | EXCHANGE RATE<br>= \$1.00         | DIFFERENCES                                             |                                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |                                   | Amount verified; correct for<br>(Signature or initials) |                                |                              |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                                                                        |                                   |                                                         |                                |                              |
| (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | (Authorized Certifying Officer) 2                                                                                                                      |                                   |                                                         | (Title)                        |                              |
| ACCOUNTING CLASSIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                        |                                   |                                                         |                                |                              |
| MC 001204 \$20.00<br>MC 004338 \$210.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                                                                                                        |                                   |                                                         |                                |                              |
| PAID BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CHECK NUMBER                |                                                                                                                                                        | ON TREASURER OF THE UNITED STATES |                                                         | CHECK NUMBER ON (Name of bank) |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CASH                        | DATE                                                                                                                                                   | PAYEE 3                           |                                                         |                                |                              |
| When stated in foreign currency, insert name of currency.<br>If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br>When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                             |                                                                                                                                                        |                                   |                                                         | PER<br><br>TITLE               |                              |

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Western Region

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Statehouse  
Boise, Idaho 83720  
(208) 334-2190

SEPTEMBER 22, 1983

The Star News  
Box 985  
McCall, ID 83638

Gentlemen:

Enclosed you will find a legal notice which we wish to have published on the dates indicated (once a week for two consecutive weekly issues) in your newspaper. If you cannot publish the notice on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Your cooperation is appreciated.

Please send the affidavit of publication and publication billing to this office before OCTOBER 10, 1983.

Yours truly,

JUDY FENSE  
Secretary

Encl.

RECEIVED

NOTICE OF CLAIMS TO WATER RIGHTS

The following claim(s) have been filed on water right(s) created by diversion and beneficial use:

Exceptions to a claim may be filed with the Director, Dept. of Water Resources, Western Region, Statehouse, Boise, Idaho 83720.

KEN DUNN, Dir.

Published 09/28 & 10/05/83.

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ZZ-4182

U.S. DEPT. OF AGRI.

FOREST SERVICE, FEDERAL BLDG., 324 25TH ST., OGDEN, UT 84401

Source: MOLLYS HOT SPRINGS trib. to SALMON RIVER, SOUTH FORK

Priority Date: 07/01/1930

Diversion Pt: NWNE Sec 14 T 15N R 06E

Use: DOMESTIC (0.02 CFS)

In: NWNE Sec 14 T 15N R 06E

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Western Region

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Statehouse  
Boise, Idaho 83720  
(208) 334-2190

OCTOBER 12, 1983

U.S. DEPT. OF AGRI.  
FOREST SERVICE  
FEDERAL BLDG.  
324 25TH ST.  
OGDEN

UT 84401

RE: Claim No. 77-4182

Dear Claimant:

The Department of Water Resources has completed the advertising of your claim to a water right, and no further action is authorized under Section 42-243 and 42-244, IDAHO CODE. Your claim will be retained in our files and will be available at any time for use by you or the court.

The filing and advertising of the claim does not confirm the water right claimed, but will serve to record and preserve the information and the evidence which you included in your claim.

If, at a later date, you find that you have additional information or supporting evidence that you would like to have included with the claim, you may have that information or evidence added at any time. Please refer to the claim identification number when corresponding with this office.

We are enclosing a copy of your claim for your records. If you have questions, or if this office may be of further assistance, please feel free to contact us.

Yours truly,

DAVID B. SHAW  
Western Region Supervisor

Enclosure

MICROFILMED

I D A H O   D E P A R T M E N T   O F   W A T E R   R E S O U R C E S

WATER RIGHT  
DATA ENTRY LOG

[illegible]