

No Color
Documents
In File

SRBA

PARTIAL DECREE 75-10218

Issued on 09-15-2000.

This is not an official copy.

Contact IDWR or the Court for a Certified Copy.

Choose Landscape Orientation when printing.

NAME AND ADDRESS:	SCOTT R ZIEGLER SUSAN E ZIEGLER RR1 BOX 270 SALMON, ID 83467		
SOURCE:	GROUNDWATER		
QUANTITY:	0.02 CFS THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED GALLONS PER DAY.		
PRIORITY DATE:	12/31/1928		
POINT OF DIVERSION:	T21N R22E S17	SWNW	Within Lemhi County
PURPOSE AND PERIOD OF USE:	PURPOSE OF USE Stockwater	PERIOD OF USE 01-01 TO 12-31	QUANTI 0.02
PLACE OF USE:	Stockwater T21N R22E S17	SWNW	Within Lemhi

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:
THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS N
DETERMINATION OF HISTORICAL BENEFICIAL USE.
THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIO
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFI
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN T
ENTRY OF A FINAL UNIFIED DECREE. I.C. SECTION 42-1412(6).

Return to SRBA Home Page

MICROFILMED
SEP 25 2001

Mail this postcard to businesses and people who send you mail.

Please send mail to new address beginning: 0908
Month Day Year

Ziegler, Scott R. & Susan E.

My Name (Last name, first name, middle)

R. R. 1, Box 270

OLD Complete Street Address or PO Box or Rural Route and RR Box

Apt./Suite #

Salmon

ID

83467

City or Post Office

State

ZIP or ZIP +4 Code

14 Parson Ln.

NEW Complete Street Address or PO Box or Rural Route and RR Box

Apt./Suite #

Salmon

ID

83467

City or Post Office

State

ZIP or ZIP +4 Code

208-756-6221

NEW Telephone Number (Optional)

MICROFILMED

Account Number (If applicable)

Susan E. Ziegler

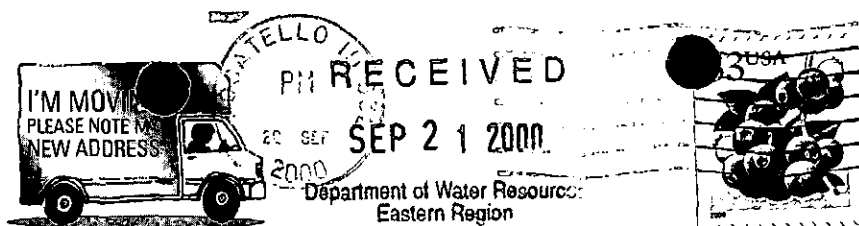
Signature

SEP 25 2001

Today's Date: 09/08/00
Month Day Year

PS FORM 3576, May 2000

See <http://www.usps.gov/moversnet> for more information.



Mail this postcard to businesses and people who send you mail.

IdWR Eastern Regional Office

Name

MICROFILMED

If Applicable, Name of Business

900 N. Skyline Dr.

Complete Street Address or PO Box or Rural Route and RR Box

Idaho Falls, ID 83402-1718

City or Post Office

State

ZIP or ZIP + 4 Code

2/1718

