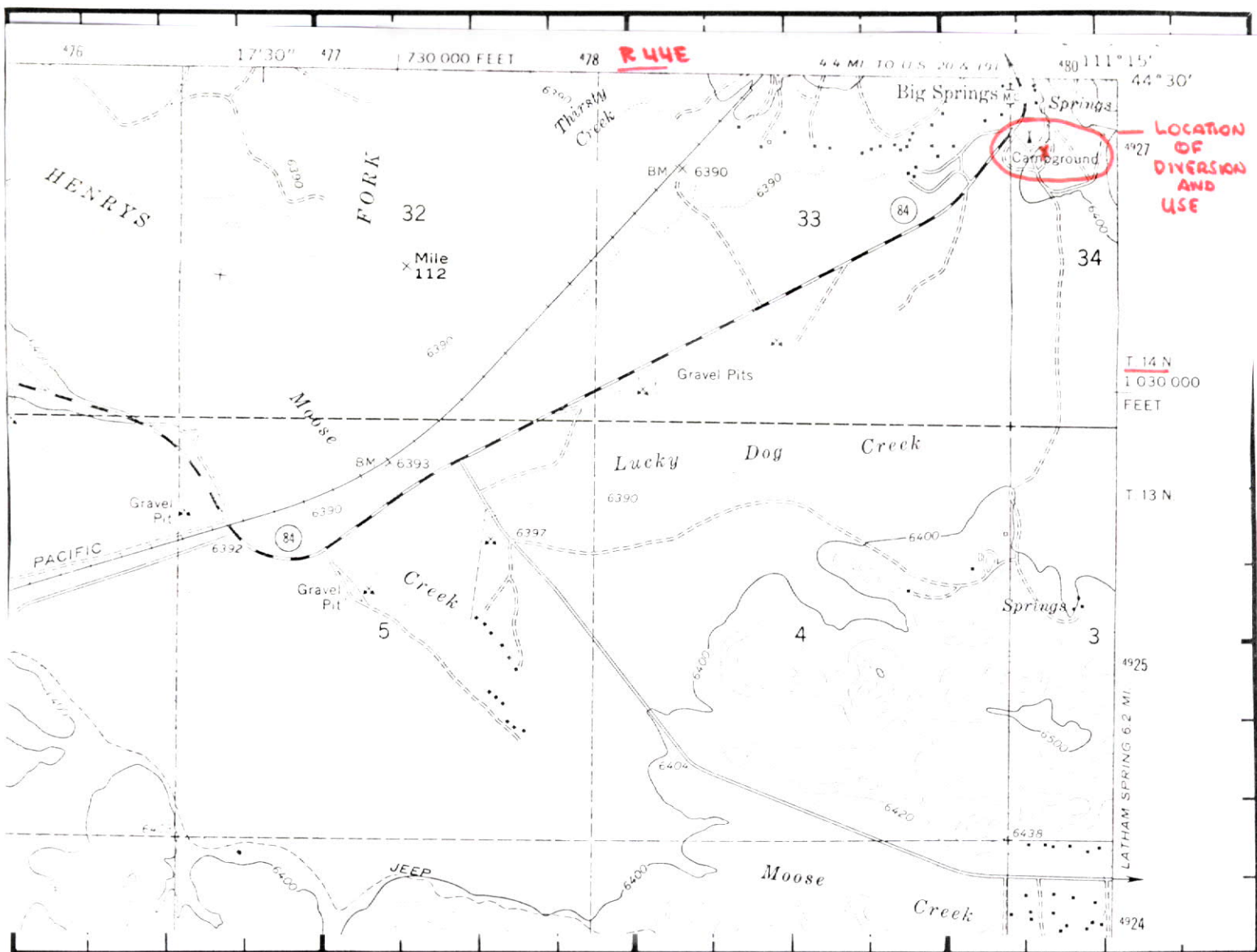


(8) Remarks \_\_\_\_\_



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 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.

Sworn to before me this 29<sup>th</sup> day of March, 1979 for JEFF M. SIRMON (Claimant) Deputy Regional Forester, Resources

Colleen Saxton  
Notary Public  
Residing at Ogden, Utah

My commission expires 6/19/79

| FOR DEPARTMENT USE ONLY           |                               |                     |              |
|-----------------------------------|-------------------------------|---------------------|--------------|
| Received by <u>dh</u>             | Date <u>4-3-79</u>            | Exception filed by: | Forwarded to |
| Prelim. check by <u>RP</u>        | Date                          |                     | claimant by: |
| \$20.00 fee received by <u>dh</u> | Date <u>4-23-79</u> (voucher) |                     |              |
| Published in <u>Ashton Herald</u> | #11897 5-22-79                |                     |              |
| Dates <u>May 3 &amp; 10, 1979</u> |                               |                     |              |

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN 2 1979

CLAIM TO A WATER RIGHT

Department of Water Resources

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)

324 25TH ST

OGDEN, UTAH

84401

Telephone No. (801) 626-3561

(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) 1959, JUNE

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)

GROUNDWATER

tributary to

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

|          | (cfs, gpd, AFA) | (Domestic, Irrigation, Stock, Etc.) | (Both dates inclusive)   |            |
|----------|-----------------|-------------------------------------|--------------------------|------------|
|          |                 |                                     | (Mo., Day)               | (Mo., Day) |
| Quantity | 0.09 CFS        | Use DOMESTIC                        | Period of Use From MAY 1 | To OCT 31  |
| 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) 0.09 TOTAL QUANTITY USED.

(cfs, gpd, AFA)

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

SW 1/4 NW 1/4, Sec. 34 Twp. 14 N Rge. 44 E B.M., County of FREMONT

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. WELL - 6" CASING; PUMP AND PIPELINE TO DISTRIBUTE WATER IN

CAMPGROUND

- (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 |       |
| 14N | 44E | 34   |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |       |
|     |     |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |     |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |     |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |     |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |     |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |     |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |     |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
|     |     |      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |

No. of acres

B) If water is used for other than irrigation, fully describe that use, being as specific as possible:

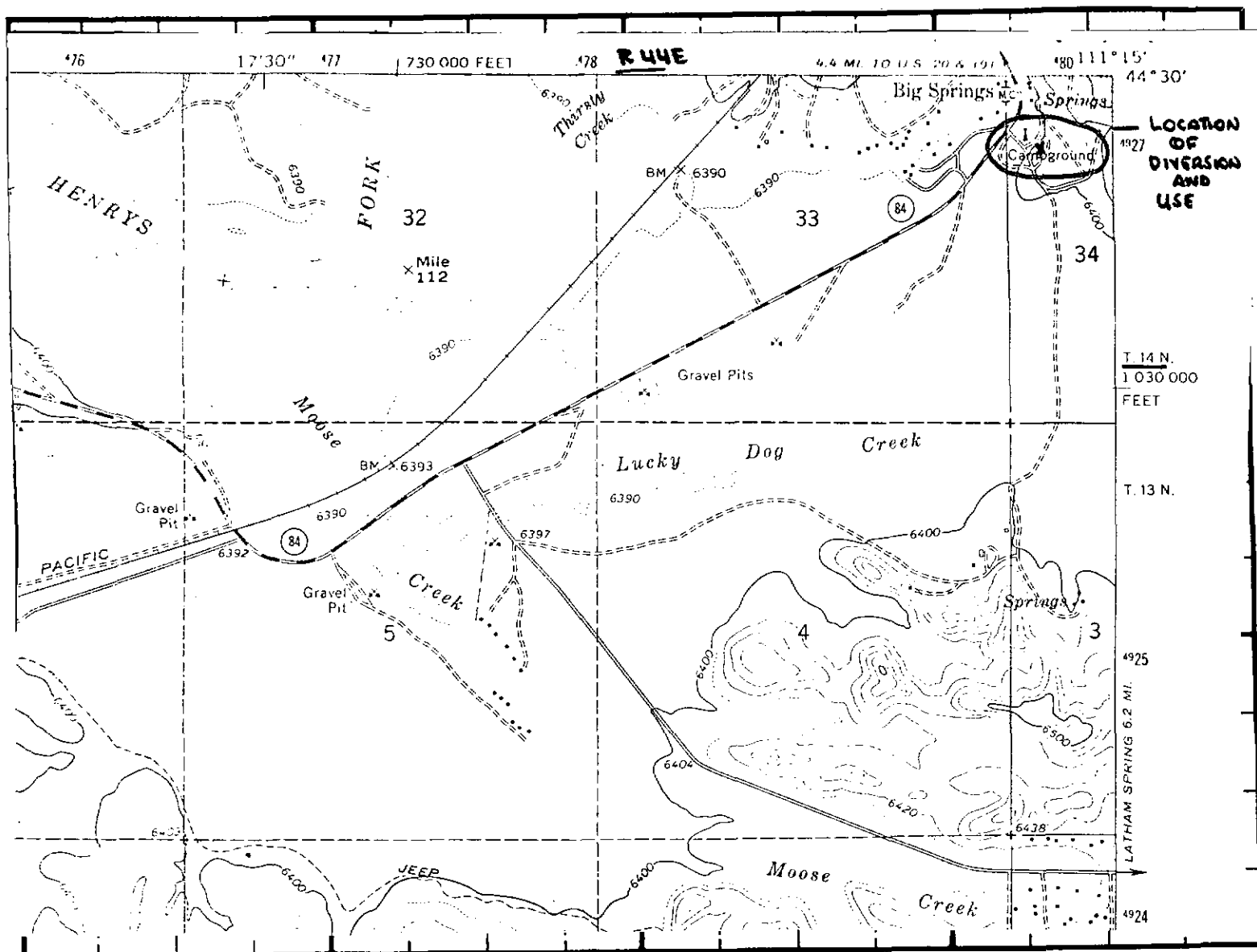
DOMESTIC USE AT BIG SPRINGS CAMPGROUND

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

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



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 Utah )  
County of Weber ) ss.

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.

Sworn to before me this 29<sup>th</sup> day of March for JEFF M. SIRMON (Claimant) Deputy Regional Forester, Resources  
Colleen Saxton  
Notary Public  
Residing at Ogden, Utah

My commission expires 6/19/79

Received by df Date 4/2/79 Exception filed by: \_\_\_\_\_ Date \_\_\_\_\_  
Prelim. check by RP Date \_\_\_\_\_  
\$20.00 fee received by df Date 4-23-79 (voucher)  
Published in Ashton Herald #11897 5-22-79  
Dates May 3 & 10, 1979

State of Idaho

County of Premont

I, Robert L. Birch, residing at Island Park, Idaho  
(Name)

do certify that I have personal knowledge of the use of the waters of

Big Springs Campground Well by the U. S. Forest Service for a period of at least  
(Creek, spring, etc.)  
5 years.

Said water is diverted in the NW 1/4 of Section 34, Township  
14N, Range 44E, and is carried by pipeline from said  
(Ditch, pipeline, etc.)  
point of diversion to the NW 1/4 of Section 34, Township 14N, Range  
44E, for the following purposes:

Domestic water and fire protection.

Serves thousands of people each season. (50 GALLONS/MIN.)  
on what is known as Big Springs Campground  
(Ranger Station, Public Service Site, etc.)

JLC  
3/15/65

I further certify that the first diversion of said water was made  
by U. S. Forest Service on \_\_\_\_\_,  
(Name, address, official designation) (Date)  
and that the use of said water at Big Springs C/G has been continuous  
(Place of use)  
for every year thereafter for the purposes set out, except as follows:

David J. Compeau  
(Witness to Signature)

Robert L. Birch  
(Name)

Subscribed and sworn to before me a notary public this 26<sup>th</sup> day of  
June, 19 64

1st Elizabeth B. Pore  
Notary Public  
My commission expires May 6,

302640

Filed for record at the request of  
*US Forest Service*

at 58 minutes past 3

o'clock M. this 29  
of June 1964

and recorded in Book 1  
of *Map* page 189  
Records of Fremont County.

State of Idaho, Fee \$ 1.00

*La Monte Baines*

Recorder.

*Maud Reed*

Deputy.

AFFIDAVIT OF  
PUBLICATION

State of Idaho

ss.

County of Fremont

Carol Bessey

being first duly sworn, upon his oath, deposes and says:

That she is the editor of The Ashton Herald, a newspaper as defined by Idaho Codes Annotated, section 58-106, as amended, and that said newspaper is a weekly newspaper printed and published at St. Anthony, in Fremont County, Idaho, having a general circulation in said county, and that said newspaper has been printed and published as a weekly newspaper in said county for more than 78 consecutive weeks prior to the first publication of the attached notice, advertisement or publication of

Notice of Claims to Water Rights

#21-4041 (Forest Service)

And affiant further says that said notice, advertisement of publication, as per clipping attached, was published in said newspaper, in the regular and entire issue thereof, and not in any supplement issue thereof, for 2 consecutive issues thereof; first publication

having been made on the 3

day of May, 1979

and the last publication on the

10 day of May

1979.

And affiant further says that at the times herein mentioned said newspaper was made up of at least four pages of at least five columns each, printed from type matter, of at least seventeen and three-fourths inches deep.

Carol Bessey

Subscribed in my presence and

sworn to before me this 15th

day of May

1979.

M. Boatright

Notary Public for the  
[SEAL] State of Idaho, residence  
and post office address:

NOTICE OF CLAIMS  
TO WATER RIGHTS

Notice is hereby given that the following claim(s) to water right(s) have been established by diversion and application to beneficial use:

Application No.: 21-4041

Applicant: UNITED STATES OF AMERICA, FOREST SERVICE; 324 25TH STREET, OGDEN, UT 84401

Source: GROUNDWATER

Priority Date: 06/01/1940

Amount: 0.10 CFS

Diversion Point: SENE Sec 35 T 14N R 43E, FREMONT Co.

Use: DOMESTIC (0.10 CFS) from 05/01 to 10/31

Place of Use: SENE Sec 35 T 14N R 43E

Diversion Means: WELL, PUMP & PIPELINE

Application No.: 21-4042

Applicant: UNITED STATES OF AMERICA, FOREST SERVICE; 324 25TH STREET, OGDEN, UT 84401

Source: GROUNDWATER

Priority Date: 06/01/1960

Amount: 0.1110 CFS

Diversion Point: SESE Sec 19 T 13N R 43E, FREMONT Co.

Use: DOMESTIC (0.1110 CFS) from 05/01 to 10/31

Place of Use: SESW NWSE SWSE SESE Sec 19 T 13N R 43E

Diversion Means: WELL, PUMP & PIPELINE

Application No.: 21-4043

Applicant: UNITED STATE OF AMERICA, FOREST SERVICE; 324 25TH STREET, OGDEN, UT 84401

Source: GROUNDWATER

Priority Date: 06/01/1959

Amount: 0.09 CFS

Diversion Point: SWNW Sec 34 T 14N R 44E, FREMONT Co.

Use: DOMESTIC (0.09 CFS) from 05/01 to 10/31

Place of Use: SWNW Sec 34 T 14N R 44E

Diversion Means: WELL, PUMP & PIPELINE

Application No.: 21-4044

Applicant: UNITED STATES OF AMERICA, FOREST SERVICE; 324 25TH STREET, OGDEN, UT 84401

Source: GROUNDWATER

Priority Date: 06/01/1957

Amount: 0.09 CFS

Diversion Point: SESE Sec 08 T 13N R 43E, FREMONT Co.

Use: DOMESTIC (0.09 CFS) from 05/01 to 10/31

Place of Use: SESE Sec 08 T 13N R 43E

Diversion Means: WELL, PUMP & PIPELINE

Any exception to any claim of water right may be filed with the Director of the Idaho Department of Water Resources, 1515 Lincoln Road, Idaho Falls, Idaho 83401.

C. STEPHEN ALLRED  
Director

Publ. May 3, 10, 1979AH

RECEIVED

MAY 16 1979

Department of Water Resources  
Eastern District Office

77 A

MICROFILMED

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Eastern Region

---

1515 Lincoln Road  
Idaho Falls, ID 83401  
(208) 523-7186

MAY 21, 1979

FOREST SERVICE UNITED STATE OF AMERICA  
324 25TH STREET  
OGDEN UT 84401

RE: Claim No. 21-4043

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,

RONALD D. CARLSON  
Eastern Region Supervisor

Enclosure

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STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
EASTERN REGION

John V. Evans  
Governor

C. Stephen Allred  
Director

1515 Lincoln Road  
Idaho Falls, Idaho 83401  
(208) 523-7186

May 22, 1979

Adrian E. Dalton, Director  
Soil and Water Management  
United State Forest Service  
324 25th Street  
Ogden, Utah 84401

Dear Sir:

Re: Water Right Filings - Challis & Targhee Nat'l Forests

Attached herewith is Departmental receipt No. 11897 in the amount of \$275.00 to cover the filing fees for 10 claims to water rights and 3 applications for permit.

Very truly yours,

RONALD D. CARLSON  
Supervisor  
Eastern Region

RDC:dh

Attachment

MICROFILMED

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Eastern Region

---

1515 Lincoln Road  
Idaho Falls, ID 83401  
(208) 523-7186

APRIL 27, 1979

Ashton Herald  
Box 258  
Ashton, Idaho 83420

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. We have allowed ample time for you to submit a galley proof to this office for review before the first publication date. 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 billings to this office before MAY 21, 1979.

Yours truly,

RONALD D. CARLSON  
Supervisor

Encl.

**MICROFILMED**

Application No.: 21-4043  
Applicant: UNITED STATE OF AMERICA,  
FOREST SERVICE; 324 25TH STREET,  
OGDEN, UT 84401  
Source: GROUNDWATER  
Priority Date: 06/01/1959  
Amount: 0.09 CFS  
Diversion Point: SWNW Sec 34 T 14N R  
44E, FREMONT Co.  
Use: DOMESTIC (0.09 CFS) from 05/01 to  
10/31  
Place of Use: SWNW Sec 34 T 14N R 44E  
Diversion Means: WELL, PUMP &  
PIPELINE

#### NOTICE OF CLAIMS TO WATER RIGHTS

Notice is hereby given that the following  
claim(s) to water right(s) have been  
established by diversion and application to  
beneficial use:

Application No.: 21-4041  
Applicant: UNITED STATES OF  
AMERICA, FOREST SERVICE; 324 25TH  
STREET, OGDEN, UT 84401  
Source: GROUNDWATER  
Priority Date: 06/01/1940  
Amount: 0.10 CFS  
Diversion Point: SENE Sec 35 T 14N R  
43E, FREMONT Co.  
Use: DOMESTIC (0.10 CFS) from 05/01 to  
10/31  
Place of Use: SENE Sec 35 T 14N R 43E  
Diversion Means: WELL, PUMP &  
PIPELINE

Application No.: 21-4042  
Applicant: UNITED STATES OF  
AMERICA, FOREST SERVICE; 324 25TH  
STREET, OGDEN, UT 84401  
Source: GROUNDWATER  
Priority Date: 06/01/1960  
Amount: 0.1110 CFS  
Diversion Point: SESE Sec 19 T 13N R  
43E, FREMONT Co.  
Use: DOMESTIC (0.1110 CFS) from 05/01  
to 10/31  
Place of Use: SESW NWSE SWSE SESE  
Sec 19 T 13N R 43E  
Diversion Means: WELL, PUMP &  
PIPELINE

Application No.: 21-4043  
Applicant: UNITED STATE OF AMERICA,  
FOREST SERVICE; 324 25TH STREET,  
OGDEN, UT 84401  
Source: GROUNDWATER  
Priority Date: 06/01/1959  
Amount: 0.09 CFS  
Diversion Point: SWNW Sec 34 T 14N R  
44E, FREMONT Co.  
Use: DOMESTIC (0.09 CFS) from 05/01 to  
10/31  
Place of Use: SWNW Sec 34 T 14N R 44E  
Diversion Means: WELL, PUMP &  
PIPELINE

Application No.: 21-4044  
Applicant: UNITED STATES OF  
AMERICA, FOREST SERVICE; 324 25TH  
STREET, OGDEN, UT 84401  
Source: GROUNDWATER  
Priority Date: 06/01/1957  
Amount: 0.09 CFS  
Diversion Point: SESE Sec 08 T 13N R  
43E, FREMONT Co.  
Use: DOMESTIC (0.09 CFS) from 05/01 to  
10/31  
Place of Use: SESE Sec 08 T 13N R 43E  
Diversion Means: WELL, PUMP &  
PIPELINE

Any exception to any claim of water right  
may be filed with the Director of the Idaho  
Department of Water Resources, 1515  
Lincoln Road, Idaho Falls, Idaho 83401.

C. STEPHEN ALLRED  
Director

Publ. May 3, 10, 1979AH

NOTICE OF CLAIMS TO WATER RIGHTS

Notice is hereby given that the following claim(s) to water right(s) have been established by diversion and application to beneficial use:

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21-4043-

UNITED STATE OF AMERICA, FOREST SERVICE

324 25TH STREET, OGDEN, UT 84401

Source: GROUNDWATER

Priority Date: 06/01/1959

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Use: DOMESTIC (0.09 CFS) from 05/01 to 10/31

Place of Use: SWNW Sec 34 T 14N R 44E

Diversion Means: WELL, PUMP & PIPELINE

Any exception to any claim of water right may be filed with the Director of the Idaho Department of Water Resources, 1515 Lincoln Road, Idaho Falls, Idaho 83401.

C. STEPHEN ALLRED

Director

Published 5/3 & 5/10/79.

MICROFILMED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                |                                                                                                                                                                                                                                                                       |                             |                        |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|-----------------------|
| Standard Form 1034<br>7 GAO 5000<br>1034-113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSON</b>                                                                         |                                                                                                                                                                                                                                                                       |                             | VOUCHER NO.            |                       |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>U.S. Department of Agriculture<br>Forest Service<br>324 25th Street<br>Ogden, Utah 84401                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                | DATE VOUCHER PREPARED<br>April 10, 1979                                                                                                                                                                                                                               |                             | SCHEDULE NO.           |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                | CONTRACT NUMBER AND DATE                                                                                                                                                                                                                                              |                             |                        |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                | REQUISITION NUMBER AND DATE                                                                                                                                                                                                                                           |                             |                        |                       |
| <b>PAYEE'S NAME AND ADDRESS</b><br>Mr. C. Stephen Allred<br>State Engineer<br>Idaho Department of Water Resources<br>Statehouse<br>Boise, Idaho 83720                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                | <div style="font-size: 2em; transform: rotate(-5deg); opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.2em; margin-top: 5px;">APR 23 1979</div> <div style="font-size: 0.8em; margin-top: 5px;">Department of Water Resources<br/>Eastern District Office</div> |                             | PAID BY                |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                |                                                                                                                                                                                                                                                                       |                             | DATE INVOICE RECEIVED  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                |                                                                                                                                                                                                                                                                       |                             | DISCOUNT TERMS         |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                |                                                                                                                                                                                                                                                                       |                             | PAYEE'S ACCOUNT NUMBER |                       |
| SHIPPED FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | TO                                                                                                                                             |                                                                                                                                                                                                                                                                       | WEIGHT                      |                        | GOVERNMENT B/L NUMBER |
| NUMBER AND DATE OF ORDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUANTITY                                                                                                                                                                                                                                                              | UNIT PRICE<br>COST      PER |                        | AMOUNT<br>(1)         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4/10/79                     | Filing fees for ten (10) claims to a water right and three (3) applications for permit on the Challis and Targhee National Forests.            | 12<br>1                                                                                                                                                                                                                                                               | 20<br>35                    |                        | 240.00<br>35.00       |
| I certify that the above bill is correct and just and that payment therefor has not been received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                |                                                                                                                                                                                                                                                                       |                             |                        |                       |
| DATE <u>4/24/79</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             | PAYEE <u>[Signature]</u><br>For C. Stephen Allred, State Engr.                                                                                 |                                                                                                                                                                                                                                                                       |                             |                        |                       |
| (Use continuation sheet(s) if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                                                                | (Payee must NOT use the space below)                                                                                                                                                                                                                                  |                             | TOTAL 275.00           |                       |
| <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                                                                                                                                   |                                                                                                                                                                                                                                                                       | EXCHANGE RATE               |                        | DIFFERENCES           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | BY:                                                                                                                                            |                                                                                                                                                                                                                                                                       | = \$                        |                        |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | TITLE                                                                                                                                          |                                                                                                                                                                                                                                                                       | = \$1.00                    |                        |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | Amount verified; correct for                                                                                                                   |                                                                                                                                                                                                                                                                       | (Signature or initials)     |                        |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.                                             |                                                                                                                                                                                                                                                                       |                             |                        |                       |
| (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | (Authorized Certifying Officer)                                                                                                                |                                                                                                                                                                                                                                                                       | (Title)                     |                        |                       |
| ACCOUNTING CLASSIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                |                                                                                                                                                                                                                                                                       |                             |                        |                       |
| PAID BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CHECK NUMBER                |                                                                                                                                                | ON TREASURER OF THE UNITED STATES                                                                                                                                                                                                                                     |                             | CHECK NUMBER           |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CASH                        |                                                                                                                                                | DATE                                                                                                                                                                                                                                                                  |                             | ON (Name of bank)      |                       |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | PAYEE                                                                                                                                          |                                                                                                                                                                                                                                                                       |                             |                        |                       |
| 1 When stated in foreign currency, insert name of currency.<br>2 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>3 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                    |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                |                                                                                                                                                                                                                                                                       |                             | TITLE                  |                       |

MICROFILMED

State of Idaho  
Department of Water Resources

CLAIM ANALYSIS SHEET *OK*

INITIAL REVIEW BY: *R.P.*

Right Number \_\_\_\_\_

Applicant *USDA-FS.*

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.
- ☒ Claim published correctly.
- ☐ Exceptions processed.

By \_\_\_\_\_ Date \_\_\_\_\_

STATE OFFICE PROCESSING:

- ☒ Claim review complete.

By *Juni* Date *6/1/79*

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