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OCT 12 2021

DEPARTMENT OF
WATER RESOURCES

Form No. 42-1409-2 (Internet 7/17)

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Claim ID: 23-11509

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) Karen Grover as Trustee of Grover Survivor's Trust Phone (208) 403-0405
Mailing address 2677 E 17th St., Ste. 600 Idaho Falls ID Zip 83406
Street or Box City State
Email address (optional) kipp@manwaringlaw.com
- Date of priority: (Only one per claim) May 1945 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) spring
which is tributary to (b) sinks but may percolate to Antelope Creek
- Location of point of diversion is: Township 02N, Range 42E, Section 7,
NE 1/4 of SW 1/4, or Govt. Lot 3-4 BM, County of Bonneville;
Parcel no. RP02N42E074801
Additional points of diversion, if any: _____
If available, GPS coordinates: 43.514550, -111.5595729
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
runoff from complex of springs drains into historic pond; a spring box will be installed with piping to a watering
trough
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For stockwater purposes from 01/01 to 12/31 amount 0.06 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .06 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
280 head cattle

9. Location of place of use is: Township 02N, Range 42E, Section 7,
NE 1/4 of SW 1/4, Govt. Lot 3-4 BM, Parcel no. _____
If different than shown in Item 4
for (check one) Domestic () Stock (✓) Domestic and Stock ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Bonneville

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):
testimony of prior owner(s) establish historic beneficial use began at least in 1945 and may have been earlier;
evidence on the ground shows historic rock spring box and piping for stock watering. MAP ATTACHED

14. Basis of claim (check one) Beneficial Use (✓) Posted Notice () License () Permit () Decree ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

15. Signature(s)

- (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How You Will Receive Notice in the Snake River Basin Adjudication."
(b.) I/We do () do not (✓) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Trustee _____ of Grover Survivor's Trust _____
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Karen Grover Date 1 Oct 2021

Printed Name of Authorized Agent Karen Grover

16. Notice of Appearance:

Notice is hereby given that I, (please print) Kipp Manwaring, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature Kipp Manwaring Date 1 Oct 2021

Address 2677 E 17th St., Ste 600 Idaho Falls, ID 83406

Name of claimant(s) Karen Grover as Trustee of Grover Survivor's Trust Claim ID _____

