

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 BEAR RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 79576

Claim ID: 97-9695

Date Received: 5-30-2023

Receipt No: N043454

Claim Fee: 25.00 By: DL

RECEIVED
MAY 30 2023

RECEIVED

JUN 24 2022

IDWR / NORTH

IDWR / NORTH
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

COPY

Please type or print clearly

- Name of claimant(s) Mark + Naomi Mecklenburg Phone (208) 448-0229
Mailing address 383 White Pine Way Priest River ID Zip 83856
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) July 20, 1981 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) Sinks
- Location of point of diversion is: Township S7N, Range 5W, Section 16
SE 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Bonner
Parcel no. RP S7N05W163450A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
Well 200 ft
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 1-1 to 12-31 amount .03 cfs (X) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .03 cfs (X) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
One Home

9. Location of place of use is: Township 57N, Range 5W, Section 16

SE 1/4 of NW 1/4, Govt. Lot _____ 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? Bonner

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.
None or None ()

13. Remarks (include an explanation of the priority date selected):

Unknown; Install prior to purchase
July 20, 1981

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 notices in the Bear River Basin Water System 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)

Mark Meacham
Donni Meacham

Date:

6-20-22

Date:

6-19-22

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

Agent's title (Please print)

of

Name of organization (Please print)

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

Signature of Authorized Agent

Date

Printed Name of Authorized Agent

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, 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

Date

Address

Name of claimant(s)

Claim ID