

**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

Ident. Number: 11-7593
Date Received: 10/11/2023
Receipt No: P000489
Claim Fee: \$62.00
Received By: MB

RECEIVED

OCT 11 2023

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

IDWR/Preston

1. Name of Claimant(s)

P&M TRUST
491 MAIN ST
BERN ID 83220

Phone: (208) 709-7480

2. Date of Priority: 8/22/1961

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
12S	43E	35	NE SE		BEAR LAKE	

5. Description of diverting works:

Shared well supplying irrigation through sprinklers.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.24		36

7. Total Quantity Appropriated is:

0.24 C.F.S. and/or 36 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	43E	35	SE		NE		3.5
12S	43E	35	NE		SE		8.5

Total Acres = 12

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

This is the date on the license and the use has continued since.

13. Basis of Claim: License

14. 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 BEAR 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 Organizations:

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

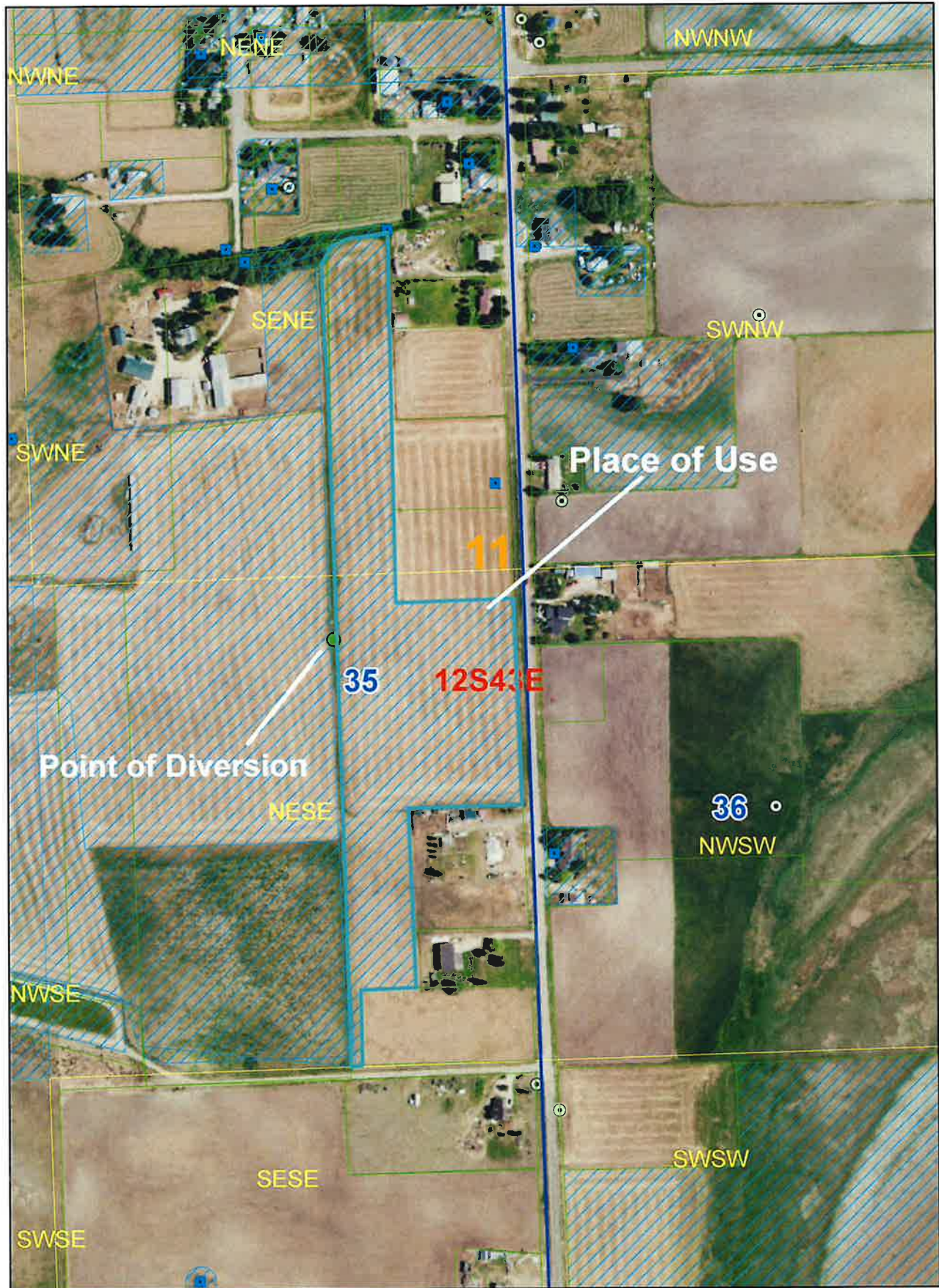
____ Trustee _____ of ____ P&M Trust _____
Agents Title (please print) Name of Organization (please print)

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

Signature of Authorized Agent Kelly P. Kunz Date 10/11/2023

Printed Name of Authorized Agent Kelly P Kunz

BRBA Claim 11-7593



0 115 230 460 690 920 Feet

