

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: 11-4305Date Received: 12/08/2023Receipt No: 0000664Claim Fee: \$55.00 By: cat

RECEIVED

DEC 08 2023

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR/Preston

Please type or print clearly

1. Name of claimant(s) Florence Beam Living Trust Phone (801) 919-5916
Mailing address 91 E. Park Lane North Orem Utah Zip 84058
Street or Box City State
Email address (optional) petriwood@hotmail.com
2. Date of priority: (Only one per claim) 04-01-1913 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (x) (a) spring
which is tributary to (b) silks
4. a. Location of point of diversion is: Township 15 S, Range 45 E, Section 8,
SE 1/4 of SE 1/4, Govt. Lot _____, BM, County of Bear Lake
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS Coordinates 42° 7' 33" N 110° 12' 45" W
- b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
30ft of French drain, piped 350 ft to spigot and water trough.
also a dam and reservoir.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For stock water purposes from 01/01 to 12/31 amount 0.05 or _____

For Domestic purposes from 01/01 to 12/31 amount 0.02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.07 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 200 cow/calf pair, 8 Bulls, personal for headers, Farm workers

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
15S	45E	9																X	

Parcel no(s) _____ Total number of acres irrigated _____

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

11. Do you own the property listed above as place of use? Yes ☒ No ()
If your 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):
Date of priority is date of homestead by W.W. Crockett Ream. Originally a rock lined well, dam and reservoir. Pipes to stock troughs for sheep and hogs and a spigot for domestic use added and used into the 1950's. Wesley S. Ream Jr. remembers drinking from the spigot in the late 1950's. He also watched the installation and burial of the French drain at about age 10 - 1963. Quantity of water depends on snow pack. Recent years have seen the trough dry by mid May. Summer of 2023 had water flowing all through August.

Name of claimant(s) Florence Ream Living Trust Claim ID _____

Scale: 2 inches equals 1 mile

A 20x20 grid of graph paper. The grid is divided into four 10x10 quadrants by a vertical line between columns 10 and 11, and a horizontal line between rows 10 and 11. Handwritten numbers are placed in the following cells: '6' at (row, col) (3, 7), '7' at (7, 7), '8' at (7, 12), '9' at (7, 17), '15' at (13, 7), '17' at (13, 12), and '16' at (13, 17). A note 'Spring Dam Reservoir & Trough' is written in the center, with 'Spring Dam' on the top line and 'Reservoir & Trough' on the bottom line, both starting from column 12. A small 'x' is drawn at the intersection of row 10 and column 12.

Name of claimant(s) Florence Ream living trust

Claim ID

14. Basis of claim (Check one) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number claim 11-4305

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) _____ 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 Florence Ream Living 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 Wesley J. Ream Date 12-6-2023

Printed Name of Authorized Agent Wesley J. Ream

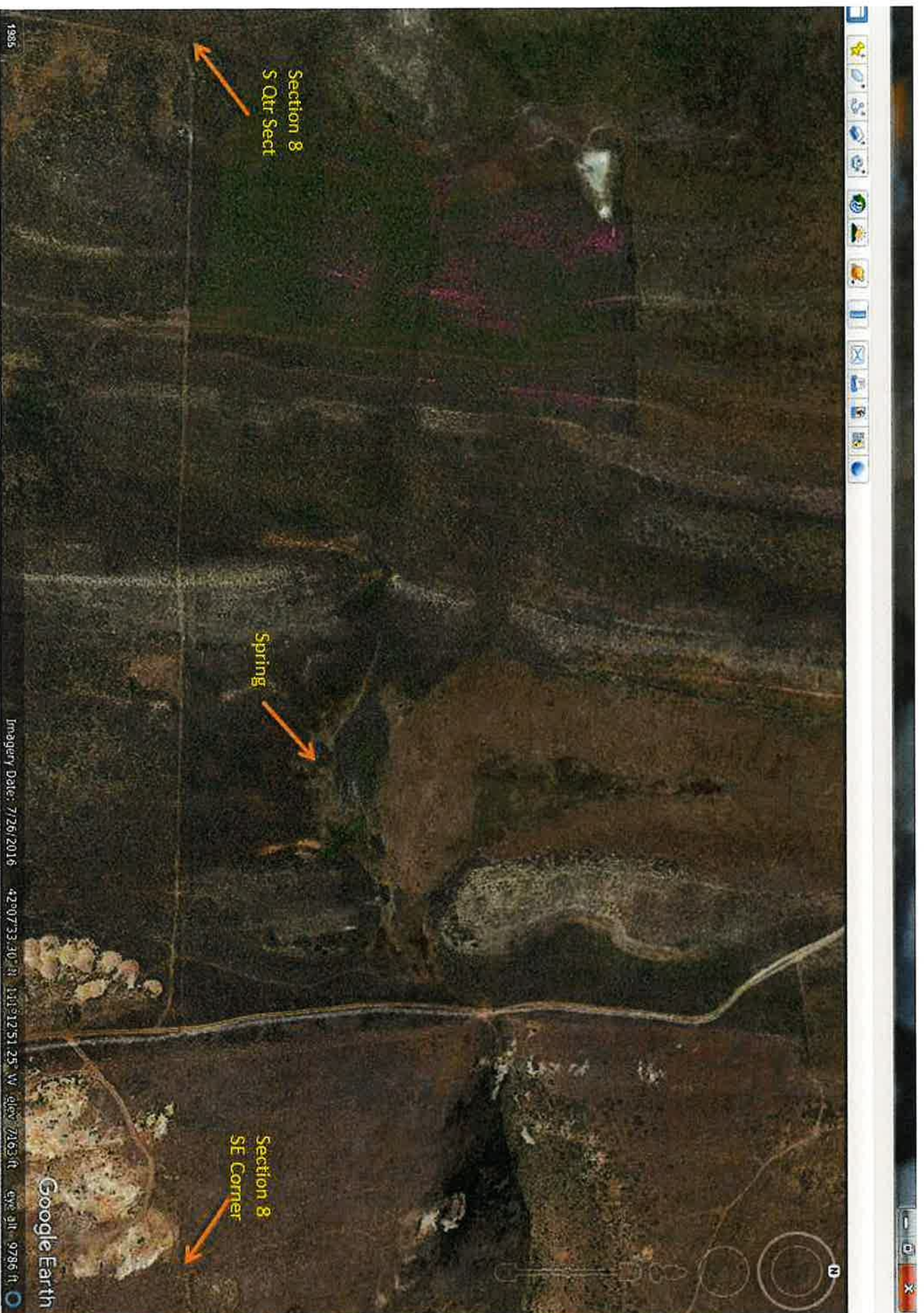
16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of 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.

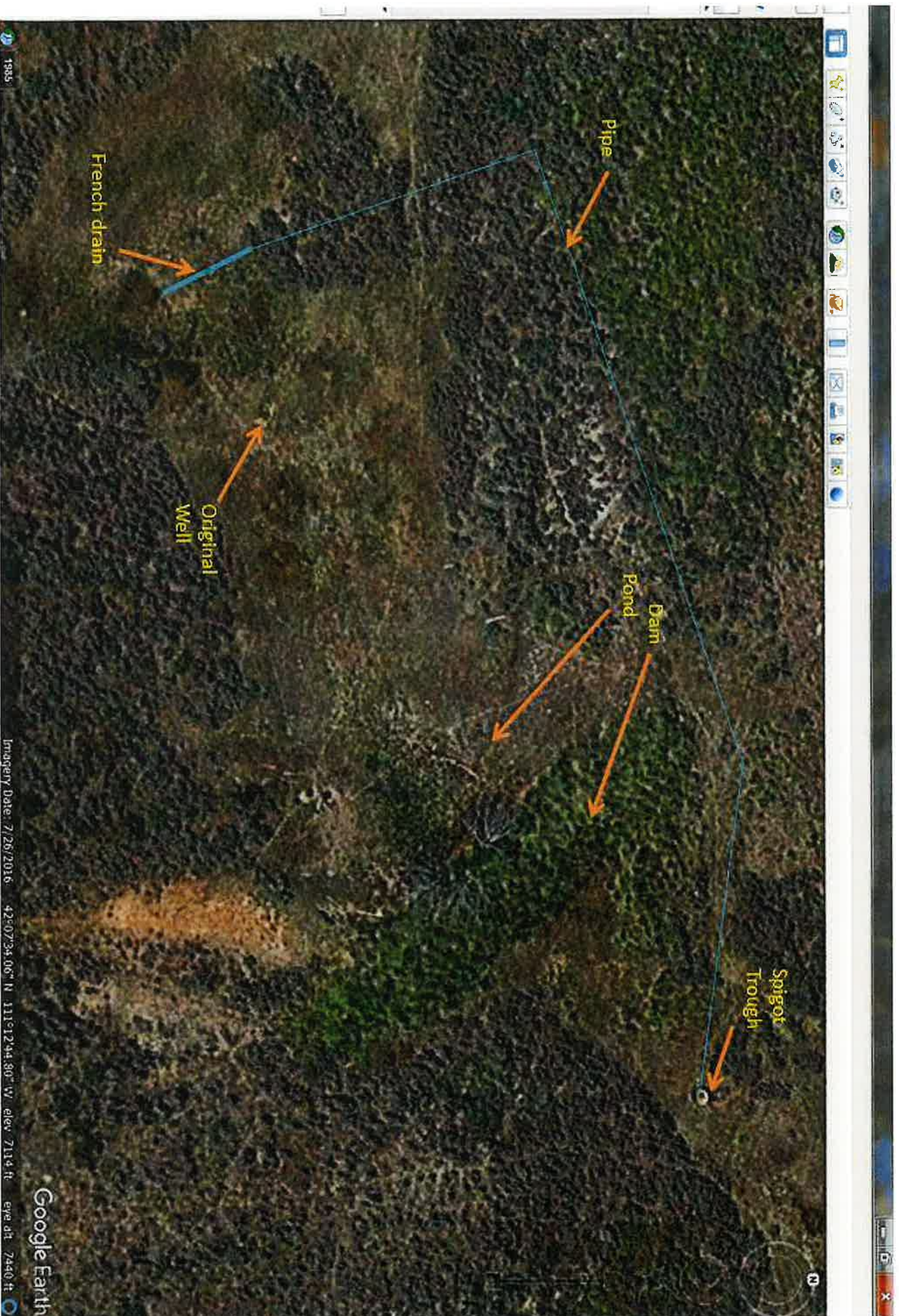
Signature _____ Date _____

Address _____

Name of claimant(s) Florence Ream Living Trust Claim ID _____



Florence Ream Living trust



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