



IDAHO DEPARTMENT OF
WATER RESOURCES

Preston Field Office • 325 East 600 South, Suite 300 • Preston, ID 83263-4921
Phone: 208-701-7200 • Email: prestoninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

February 21, 2023

DOW & JOSEPHINE WOODWARD
976 OUT BACK ROAD
LIBERTY, ID 83254

SUBJECT: Rejection of BRBA Claim

Dear claimants,

The Idaho Department of Water Resources (IDWR) has received your Bear River Basin Adjudication (BRBA) claim form. We are rejecting and returning your adjudication claim for the following reasons.

The claim you submitted is incomplete and cannot be accepted. All sections of the form must be completed. Also, an appropriate filing fee must be submitted with the claim.

Please complete the form and provide the appropriate filing fee. Once the form is complete, mail it back to 325 East 600 South, Suite 300, Preston, ID 83263. If you have any questions regarding this rejection or would like assistance completing the form, feel free to contact me. My telephone number is (208) 701-7201 and my email is christopher.holmes@idwr.idaho.gov.

Sincerely,

Christopher Holmes
Water Rights Supervisor

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: _____

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

- PIN: RPI2S43E054200
1. Name of claimant(s) JOSEPHINE AND DOW WOODWARD Phone (650) 851-3387
 Mailing address 976 Out Back Road, Liberty Idaho Zip 83254
Street or Box City State
 Email address (optional) dowjosie6comcast.net
2. Date of priority: (Only one per claim) _____ (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other () (a) _____
 which is tributary to (b) _____
4. Location of point of diversion is: Township _____, Range _____, Section _____,
 _____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of _____;
 Parcel no. _____
 Additional points of diversion, if any: _____
 If available, GPS coordinates: _____
5. 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.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
 For Domestic purposes from _____ Month/Day _____ Month/Day _____ cfs () or AFY ()
 For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed _____ cfs () or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

- Permit No. 11-07430

9. Location of place of use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 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? Bear Lake

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):

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) [Signature] Date: February 13, 2023
[Signature] Date: 02/13/2023

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

_____ of _____,
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 _____ 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 _____

PIN: RP12S43E054200