

**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: 13-7524
Date Received: 10/13/2023
Receipt No: P000506
Claim Fee: \$25
Received By: CH

RECEIVED

OCT 13 2023

IDWR/Preston

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

1. Name of Claimant(s)

DAL VON ATKINSON FAMILY TRUST
1428 E 3200 N
PRESTON ID 83263

Phone: (208) 339-4833

2. Date of Priority: 7/18/1994

3. Source:
SPRING

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼			Lot	County	Type
15S	39E	1	NW	SE	NE		FRANKLIN	

5. Description of diverting works:

Collection pipe to 1500 gallon underground tank with distribution line to stock trough and home.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.02 C.F.S.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
15S	39E	1	NE		NE	1	
15S	39E	1	NW		NE	2	

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: 13-8166 (domestic well used together with this license for 1 home and stock water.

12. Remarks:

Priority Date Explanation:
Water right license

Domestic use is for 1 home.

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 X 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 Dal Von Atkinson Family 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 Vicki L. Velasquez Date 10-13-23

Printed Name of Authorized Agent Vicki L. Velasquez