

# 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: 13-4123

Date Received: 3/12/24

Receipt No: D000760

Claim Fee: 25.00 By: mb

RECEIVED

MAR 12 2024

## 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

IDWR/Preston

Please type or print clearly

1. Name of claimant(s) Joseph Dale and Sharlene R. Simons Phone ( 208 ) 251-4581

Mailing address 2054 Last Chance Ln Grace Id Zip 83241  
Street or Box City State

Email address (optional) ssimons-fam@gmail.com

2. Date of priority: (Only one per claim) 03/15/1939 (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 13, Range 9S, Section 40E,  
SW 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Caribou

Parcel no. 09S40E368700

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.

Well is piped to home and stock corral. This well was previously shared with two other homes, but now is only supplying my home. The well is located about 30 feet northeast of home.

6. 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 .04  
Month/Day Month/Day cfs ( ) or AFY ( )

For stockwater purposes from 1-1 to 12-31 amount .02

7. Total quantity claimed .06 cfs (✓) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

1 Home. 20 Beef Cows. 2 Horses

9. Location of place of use is: Township 13, Range 9s, Section 40E,  
SW 1/4 of SE 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. 09S40E36S700, 09S40E36S8600  
for (check one) Domestic ( ) Stock ( ) Domestic and Stock ( ☒ )  
If different than shown in Item 4

Additional places of use, if any \_\_\_\_\_

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

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):  
Claiming decreed water right 13-4123. I believe this  
decree is pertinent to my water right.

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 13-4123

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) X \_\_\_\_\_ Date: \_\_\_\_\_  
X Joseph Dale Simmons Date: 3/12/24

**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 \_\_\_\_\_