

**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: 13-8045
Date Received: 7/1/2024
Receipt No: P000975
Claim Fee: \$25.00
Received By: CHA

RECEIVED

JUL 01 2024

IDWR/Preston

**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**

1. Name of Claimant(s)

LIN & SHARLA MCKAY FAMILY TRUST
4888 E BEAR CREEK RD
PRESTON ID 83263

Phone: (208) 251-5276

2. Date of Priority: 1/1/1880

3. Source:
SPRING

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
14S	40E	14	SE SW SW		FRANKLIN	

5. Description of diverting works:

Developed spring that runs into a 1,700 gallon plastic storage tank and pumped through a pipeline to the homesite.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

One home, lawn and garden.

9. Place of use:

DOMESTIC within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
14S	40E	14	SW		SW		

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:

13-8451

12. Remarks:

Priority Date Explanation:

Based on chain of ownership we have traced the water usage and home existence to Ulrich Burkhalter. We traced from him down the chain of ownership to us who now use the water for the same purposes to this day.

13. Basis of Claim: Statutory Claim

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

_____ of _____
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 _____ Date _____

Printed Name of Authorized Agent _____