

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

RECEIVED

AUG 16 2024

IDWR/Preston

Ident. Number: 13-7993
Date Received: 8/1/2024
Receipt No: P001214
Claim Fee: \$50.00
Received By: MB

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

BART GAPPMAYER
PO BOX 82
GRACE ID 83241-0082

Phone: (435) 671-3323

OR

LINDSEY GAPPMAYER
PO BOX 82
GRACE ID 83241-0082

Phone: (435) 671-3323

2. Date of Priority: 5/1/1970

3. Source:
UNNAMED STREAM

Trib. to:
SMITH CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
11S	40E	17	SW NE		CARIBOU	

5. Description of diverting works:

catchbox to mainline to sprinklers

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.82		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
11S	40E	8	SE		SE		0.9
11S	40E	17	NE		NE		31
11S	40E	17	NW		NE		9.1

Total Acres = 41

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:

13-8655

12. Remarks:

Priority Date Explanation:

This is the date described on the Statutory Claim. This is when the use first began according to the neighbor who helped their father put in the system. We will get a written statement to support this claim.

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: _____

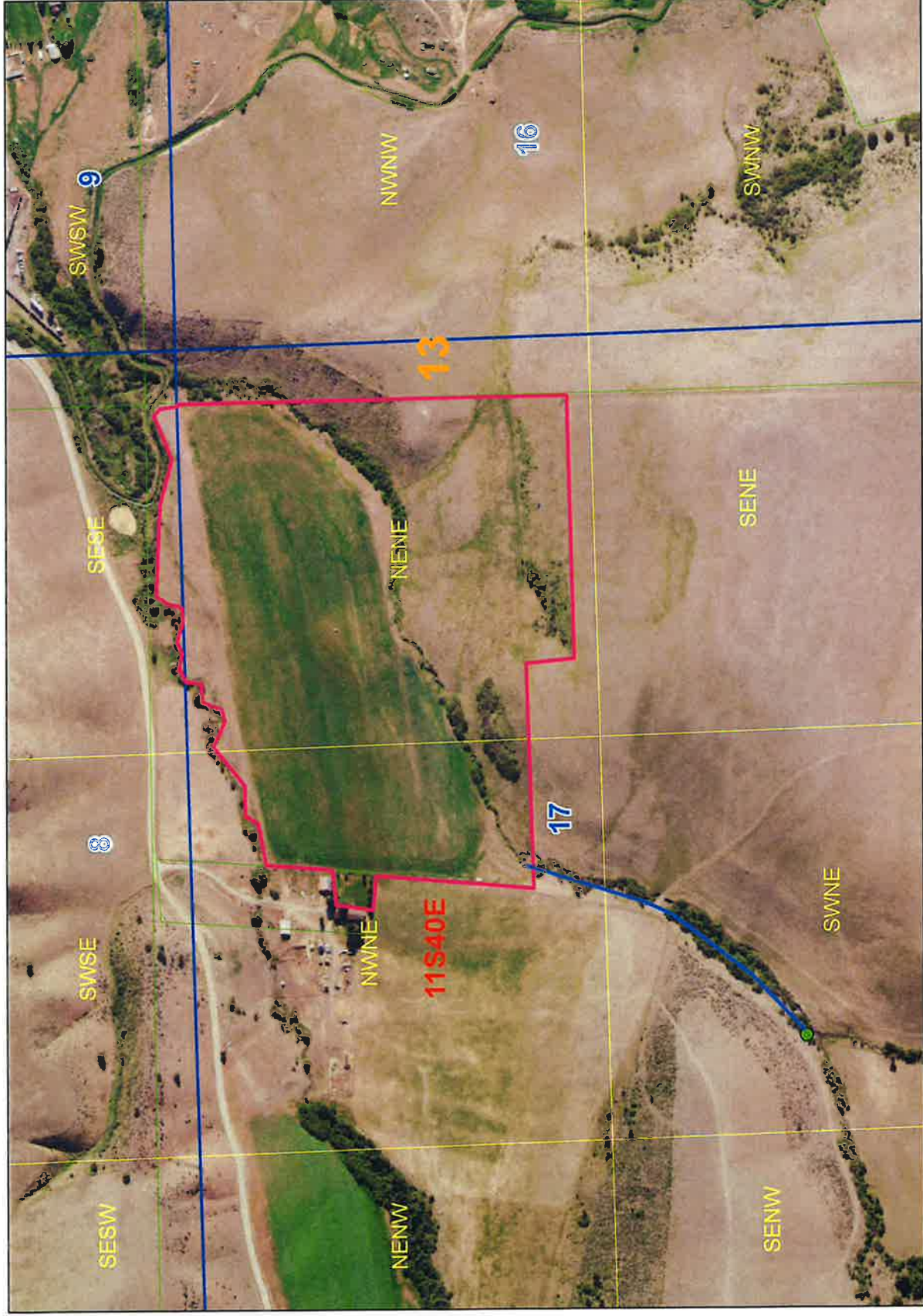
For Individuals:

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: 8-16-24

Date: _____

13-7993 PLACE OF USE MAP



Point of Diversion: ●

Place of Use: —

650 325 0 650 Feet