

~~See license 11-7288. Well supplying 5 homes from the original license and 3 additional homes. Well supplies storage tanks which is then piped to the homes.~~

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic purposes from 1/1 to 12/31 amount .11 or 3

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .11 (cfs) and/or (b) 3 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 5

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
12	42E	13		D	D														
S																			

Parcel no(s) See Map Total number of acres irrigated _____

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 your 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.
Yes, 3 additional homes will be filed for as an enlargement claim or None (☐)

13. Remarks (Include an explanation of the priority date selected):

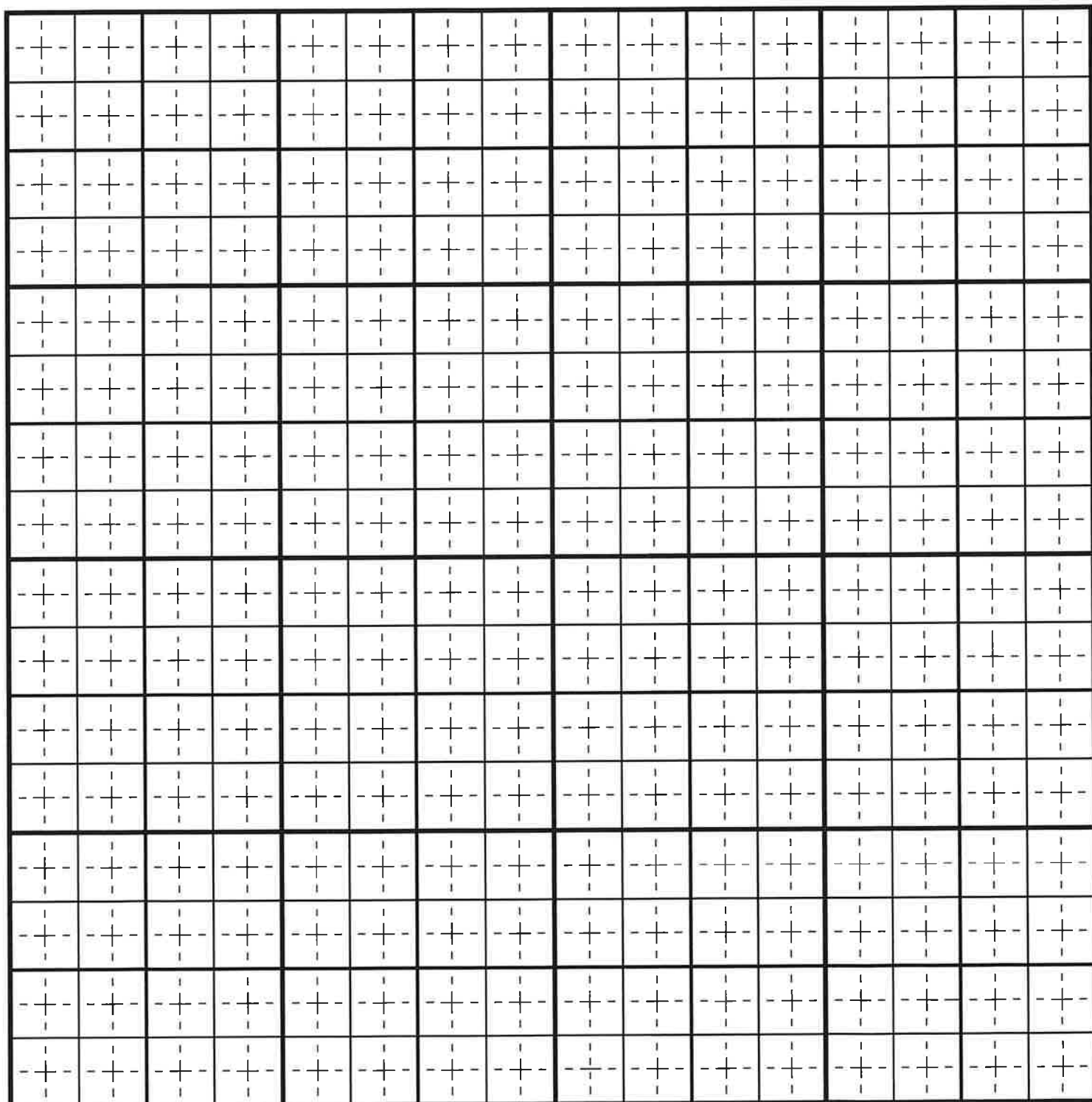
~~See water right 11-7288. The license is for 5 homes. 3 additional homes were built and added in 1996-1997. There was a verbal agreement with the water right holder at the time to add these homes, and that was finalized in writing on August 7th 1997 and filed with the county. Those 3 additional homes will be filed separately as an enlargement claim.~~

The home originally owned by Don Hanzlik is actually located in the SWNE. This is where it was always located and is one of the 5 original homes supplied by the well.

Name of claimant(s) _____ Claim ID _____

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Name of claimant(s) _____ Claim ID _____

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 11-7288

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) *Ronald Del Grande* Date: 7/24/23
Chloee Bellis Date: 7/24/23

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:**

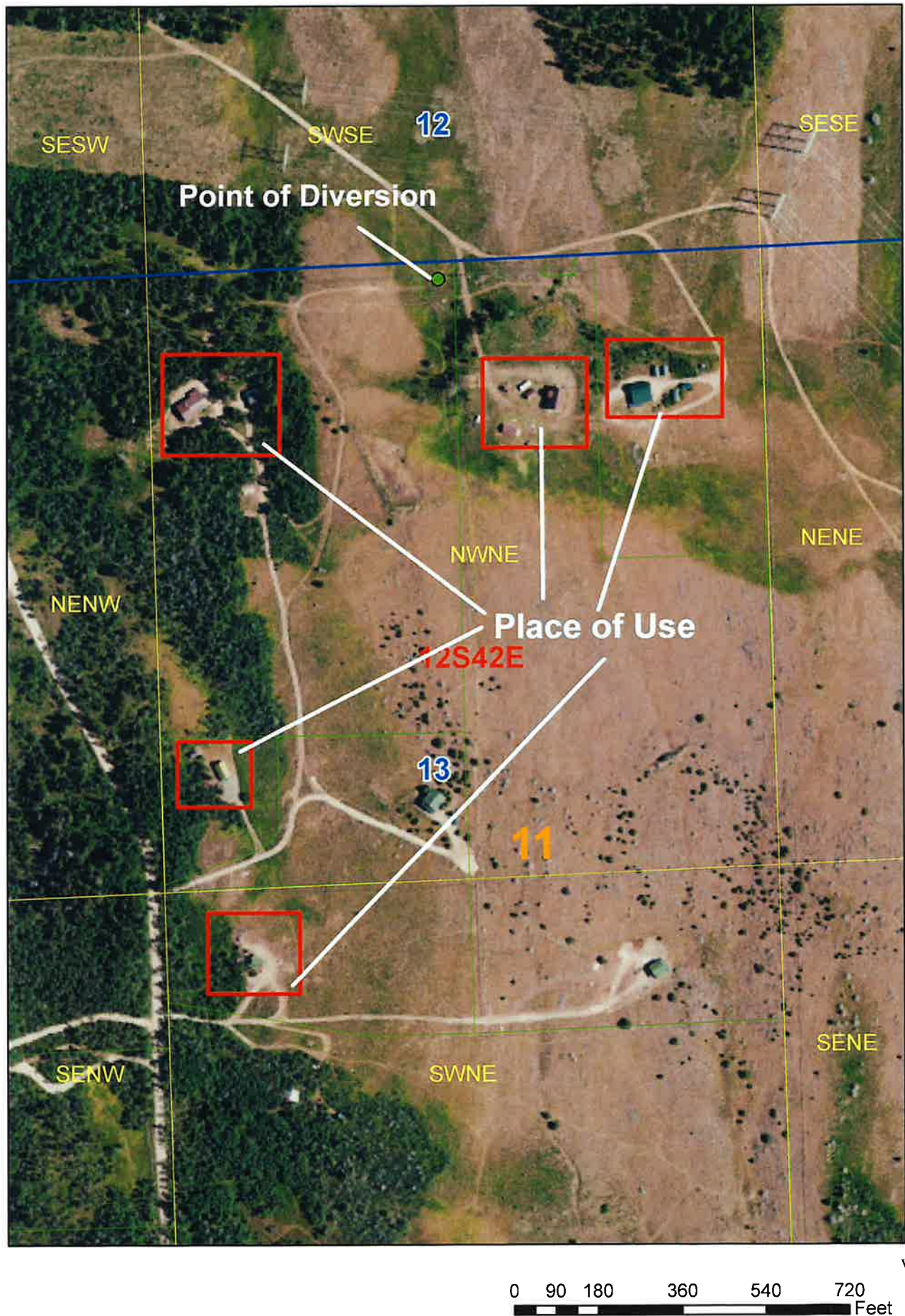
Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

BRBA Claim 11- 7288



1. Name of Claimants:

H Nolan Phillips, 470 N 4th St, Montpelier ID 83254, (208) 847-0252

or Roger Sparks, 719 Adams St, Montpelier ID 83254, (208) 390-5087

or David Allred “ “

or Kathryn Jensen “ “

or Randy Thompson “ “

or Blake Ruffing “ “

or Brent Carlson “ “

or Charles Sims “ “