

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: 11-7916

Date Received: 5/26/23

Receipt No: 3000273

Claim Fee: 850.00 By: mb

RECEIVED

MAY 26 2023

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/Preston

Please type or print clearly

1. Name of claimant(s) SOUTHVIEW FAMILY TRUST Phone (435) 890-0891
Mailing address 419 W NAVAJO DR, KANAB, UT Zip 84714
Street or Box City State
Email address (optional) SOUTHWESTMACHINEDESIGN@GMAIL.COM
2. Date of priority: (Only one per claim) 5/1/1889 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (☒) (a) EIGHTMILE CREEK
which is tributary to (b) BEAR RIVER
4. a. Location of point of diversion is: Township 10S, Range 42E, Section 16,
SE 1/4 of NW 1/4, Govt. Lot _____, BM, County of BEAR LAKE
Parcel no. THE ABOVE LEGAL DESCRIPTION IS FOR SIMMONS DITCH
Additional points of diversion, if any: 10S 42E, SECTION 3, NW SW = BAIRD-MUNRO DITCH
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
SIMMONS DITCH, CONTINUAL MAINTENCE BEING DONE.
BAIRD-MUNRO DITCH.

6. Water is claimed for the following purposes:

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

For IRRIGATION purposes from 4/15 to 10/31 amount .05 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .05 (cfs) and/or (b) _____ (acre-feet)

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

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. 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	
10s	42E	2						35											35
		lot4																	
10s	42E	3	1.6																1.6
		lot1																	

Parcel no(s) 10S42E023000

Total number of acres irrigated 36.6

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.

other water rights in the ditches for the property in the name of Southview Family Trust or None (☐)

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

~~SEE DECREE.~~

IRRIGATION FOR THE PROPERTY IS BENEFICIAL FOR CROPS AND LIVESTOCK.

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 11-7916

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: 2 - MAPS

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: _____

_____ Date: _____

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

Trustee of Coothview Family Trust
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 Kenneth Murres Date 9/26/2023

Printed Name of Authorized Agent Kenneth Murres

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 _____

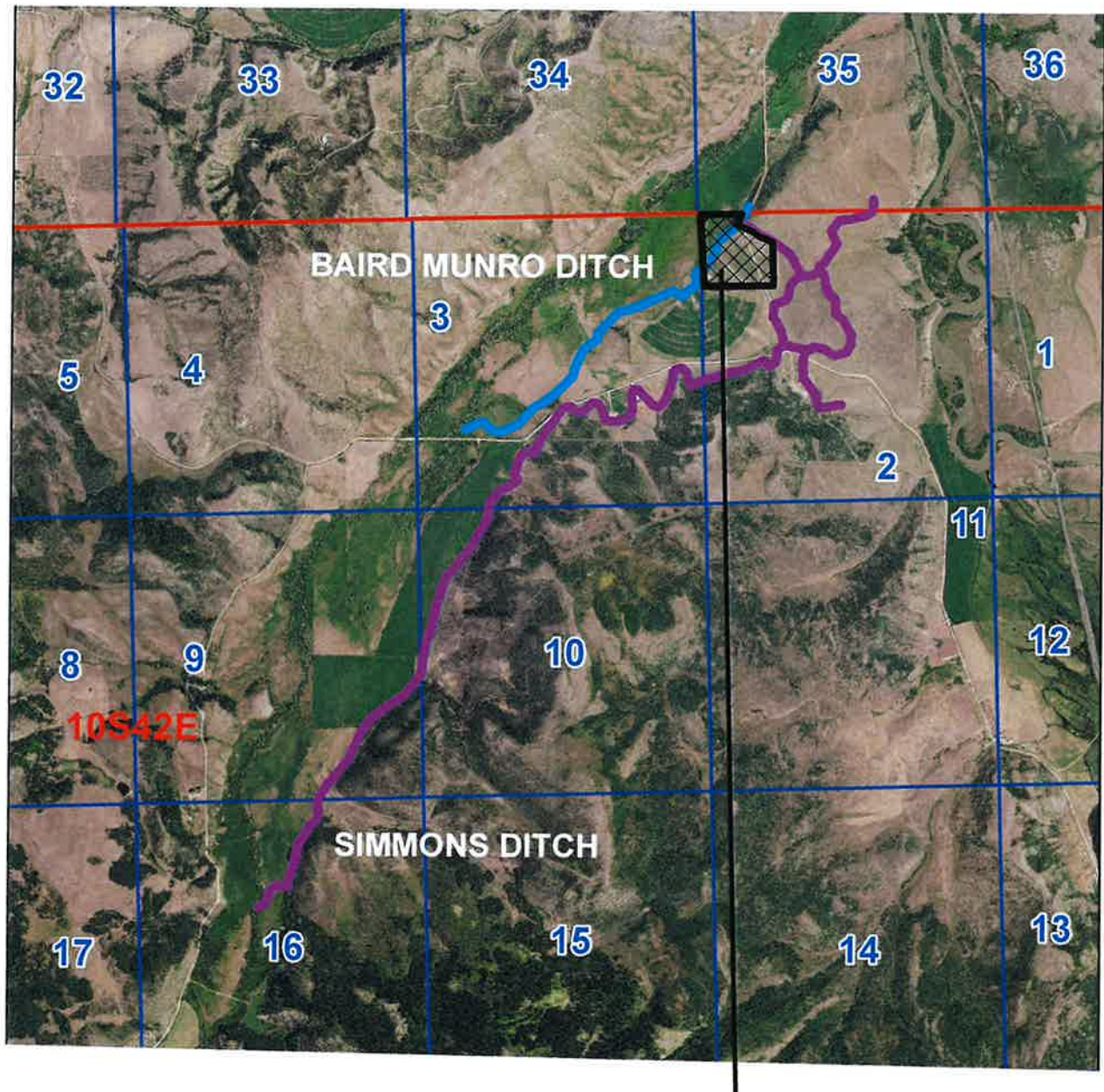
Address _____

Name of claimant(s) _____ Claim ID _____

NOTICE OF CLAIM TO A WATER RIGHT FOR SOUTHVIEW FAMILY TRUST

POD FOR SIMMONS DITCH IN 10S 42E, SECTION 16, SE NW

POD FOR BAIRD-MUNRO DITCH IN 10S 42E, SECTION 3, NW SW

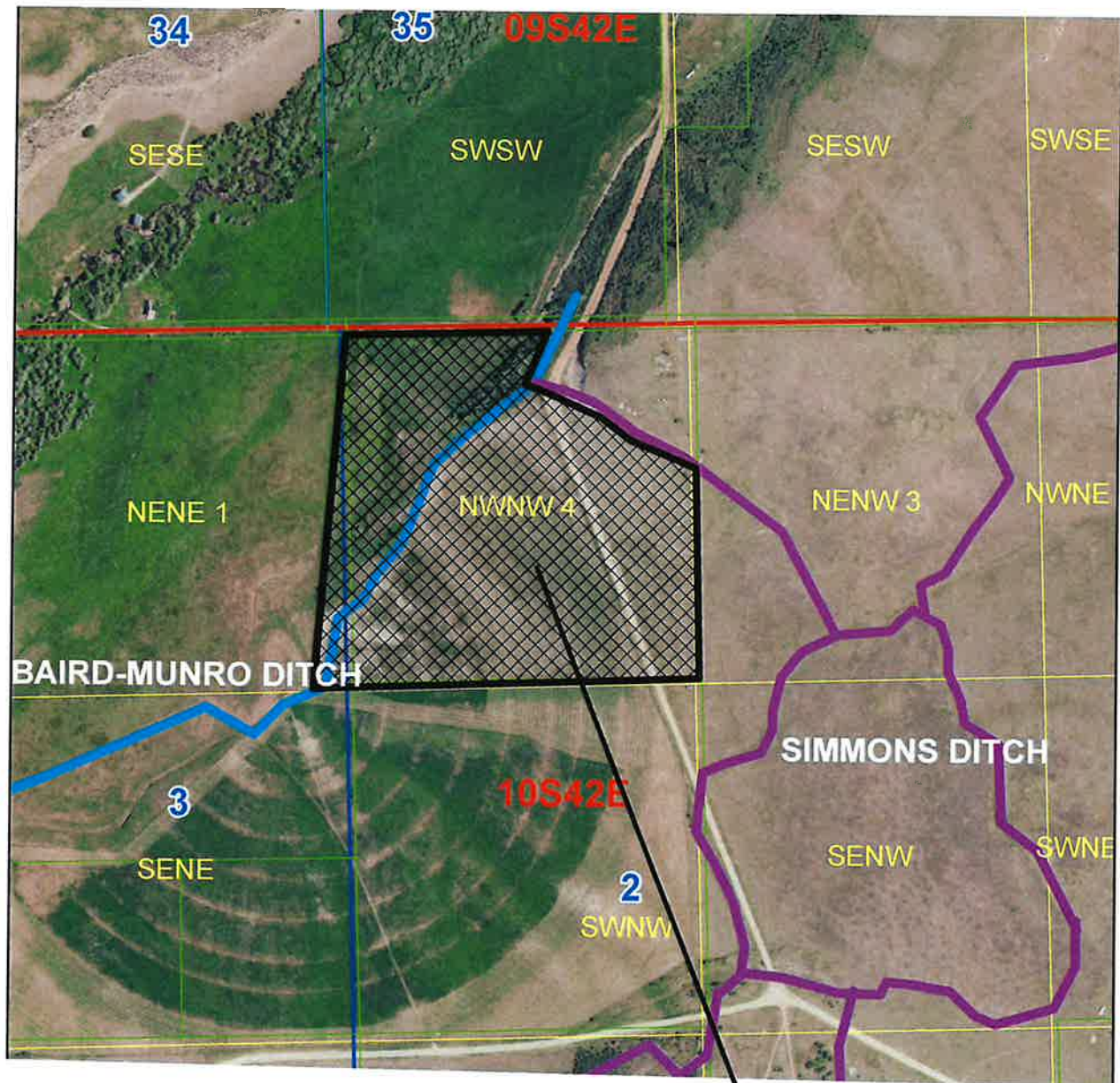


FOR IRRIGATION OF 36.6 ACRES

NOTICE OF CLAIM TO A WATER RIGHT FOR SOUTHVIEW FAMILY TRUST

POD FOR SIMMONS DITCH IN 10S 42E, SECTION 16, SE NW

POD FOR BAIRD-MUNRO DITCH IN 10S 42E, SECTION 3, NW SW



FOR IRRIGATION OF 36.6 ACRES
IN 10S42E023000