

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: 11-7021

Date Received: 5/30/23

Receipt No: P000279

Claim Fee: \$25.00 By: MB

RECEIVED

MAY 30 2023

IDWR/Preston

Please type or print clearly

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) The Wright Direction LLC Phone (435) 660-9350
 Mailing address PO Box 74 Nephi UT Zip 84648
Street or Box City State
 Email address (optional) travis@wrightdirectionllc.com
2. Date of priority: (Only one per claim) 05/01/1878 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (☒) (a) Paris Creek
 which is tributary to (b) Bear River
4. Location of point of diversion is: Township 14S, Range 43E, Section 1,
SE 1/4 of SE 1/4, or Govt. Lot 6 BM, County of BEAR LAKE;
 Parcel no. 04839.00, 04462.00
 Additional points of diversion, if any: SEC 1, T14S, R43E, NESESE OF LOT 6 BEAR LAKE COUNTY
 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.
Diversion from creek is piped to troughs to water cattle.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>STOCKWATER</u> purposes from <u>01/01</u> to <u>12/31</u> amount <u>.02</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed .02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Stockwater up to 650 head of cattle

9. Location of place of use is: Township 14S, Range 43E, Section 1,
SE 1/4 of SE 1/4, Govt. Lot 6 BM, Parcel no. 04839.00, 04462.00, 04531.00
If different than shown in Item 4
for (check one) **Domestic** () **Stock** (✓) **Domestic and Stock** ()

Additional places of use, if any T14S, R44E, Sec 6 Lot 6 NWSW; T14S, R44E, Sec 6 Lots 7 SWSW & 8 SESW

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 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.
Shallow well groundwater diversion for stockwater or None ()

13. Remarks (include an explanation of the priority date selected):
This is the priority date listed in the states water system and the date we received on the paperwork when we
changed ownership of the water right in early 2023.

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 11-7621

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: _____

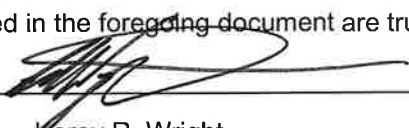
For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the
foregoing document are true and correct.

Signature of Claimant(s) _____ 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

Manager/Owner _____ of The Wright Direction LLC,
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 5-24-23
Printed Name of Authorized Agent Corey R. Wright

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) The Wright Direction LLC Claim ID _____

STOCKWATER

The USDA-FSAAerial Photography Field office asks to be credited in derived products.

