

**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: 11-7437
Date Received: 4/25/2023
Receipt No: C116055
Claim Fee: \$138.00
Received By: JH

RECEIVED

APR 25 2023

**DEPARTMENT OF
WATER RESOURCES**

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

CITY OF MONTPELIER
830 WASHINGTON ST
MONTPELIER ID 83254

Phone: (208) 847-0824

2. Date of Priority: 1/13/1997

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
13S	44E	3	SE NW		BEAR LAKE	
13S	44E	4	SE NE		BEAR LAKE	
13S	44E	10	NW NW		BEAR LAKE	
13S	44E	3	SE NW		BEAR LAKE	

5. Description of diverting works:

100 HP 1200 GPM WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
MUNICIPAL	01/01	12/31	0.88		0

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

MUNICIPAL within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	44E	33	NE		SE		
12S	44E	33	SE		SE		
12S	44E	34	NE		SW		
12S	44E	34	NW		SW		
12S	44E	34	SW		SW		
12S	44E	34	SE		SW		
12S	44E	34	NE		SE		
12S	44E	34	NW		SE		
12S	44E	34	SW		SE		
12S	44E	34	SE		SE		
13S	44E	2	NW		NW	4	
13S	44E	2	SW		NW		
13S	44E	3	NE		NE	1	
13S	44E	3	NW		NE	2	
13S	44E	3	SW		NE		
13S	44E	3	SE		NE		
13S	44E	3	NE		NW	3	
13S	44E	3	NW		NW	4	
13S	44E	3	SW		NW		
13S	44E	3	SE		NW		
13S	44E	3	NE		SW		
13S	44E	3	NW		SW		
13S	44E	3	SW		SW		
13S	44E	3	SE		SW		
13S	44E	3	NE		SE		
13S	44E	3	NW		SE		
13S	44E	3	SW		SE		
13S	44E	3	SE		SE		
13S	44E	4	NE		NE	1	
13S	44E	4	NW		NE	2	
13S	44E	4	SW		NE		
13S	44E	4	SE		NE		
13S	44E	4	NE		NW	3	
13S	44E	4	SE		NW		
13S	44E	4	NE		SW		
13S	44E	4	NE		SE		
13S	44E	4	NW		SE		
13S	44E	4	SW		SE		
13S	44E	4	SE		SE		
13S	44E	9	NE		NE		

13S	44E	10	NW	NE
13S	44E	10	NE	NW
13S	44E	10	NW	NW

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:

12. Remarks:

Priority Date Explanation:

Rights 11-4351, 11-4352, 11-4353, and 11-7437 when combined shall not exceed a total diversion rate of 8.00 cfs.

Place of use is within the service area of the City of Montpelier municipal water supply system as provided for under Idaho Law.

The diversion and use of water described in this right may be subject to additional conditions and limitations agreed to by the protestant and the right holder under a separate agreement to which the Department is not a party. Because the Department is not a party, the Department is not responsible for enforcement of any aspect of the agreement not specifically addressed in other conditions herein. Enforcement of those portions of the agreement not specifically addressed in other conditions shall be the responsibility of the protestant and the water right holder.

A map depicting the place of use boundary for this water right at the time of this approval is attached to this document for illustrative purposes.

After specific notification by the department, the right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the information to the department.

13. Basis of Claim: License

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 X 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

Public Works Superintendent of City of Montpelier
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 [Signature] Date 4/25/2023

Printed Name of Authorized Agent _____