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APR 25 2023

DEPARTMENT OF
WATER RESOURCES

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: 11-7016
Date Received: 4/25/2023
Receipt No: C116045
Claim Fee: 77⁰⁰
Received By: Jaal

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

EMERALD BEACH INC
625 EASY ST
GREEN RIVER WY 82935

Phone: (307) 871-7738

2. Date of Priority: 8/3/1970

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
16S	44E	12	SW SE		BEAR LAKE	

5. Description of diverting works:

100 gal per minute, 7.5 hp pump. 98'2" deep casing, 8" casing

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.27		28.8

7. Total Quantity Appropriated is:

0.27 C.F.S. and/or 28.8 A.F.A.

8. Non-irrigation uses:

24 homes for domestic use including some irrigation of lawns.

9. Place of use:

DOMESTIC within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
16S	44E	12	SW		SE		

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:
Based on license.

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 ☒ 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

<u>Vice President</u>	of	<u>Emerald Beach Inc</u>
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 David M. Hansen Date 4-25-23

Printed Name of Authorized Agent David M. Hansen