

**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

RECEIVED

APR 25 2023

**DEPARTMENT OF
WATER RESOURCES**

Ident. Number: 11-4209
Date Received: 4/25/2023
Receipt No: C116069
Claim Fee: \$25.00
Received By: CH

**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)

IVAN LEONHARDT
PO BOX 310
MONTPELIER ID 83254

Phone: (208) 390-8395

AND/OR

VONA VEE LEONHARDT
PO BOX 310
MONTPELIER ID 83254

Phone: (208) 390-8396

2. Date of Priority: 1/1/1906

3. Source:
SPRING

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
13S	42E	36	SW SW		BEAR LAKE	

5. Description of diverting works:

Spring is piped to the home.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	1/01	12/31	0.03		
STOCKWATER	1/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Domestic use for 1 home with lawn irrigation.

9. Place of use:

DOMESTIC within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
13S	42E	36	SW		SW		

STOCKWATER within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
13S	42E	36	SW		SW		

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:

13. Basis of Claim: Statutory Claim

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: 1

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): *Lisa Leonard* Date: *4/25/2023*

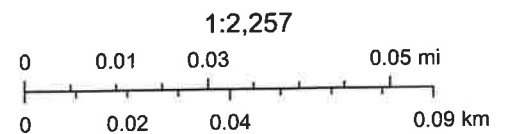
Date: _____

11-4209 Claim Map



4/25/2023, 4:53:44 PM

- Quarter Quarters
- PLS Sections
- Townships



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