

**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: 13-4347
Date Received: 2/20/2025
Receipt No: 1001887
Claim Fee: \$25.00
Received By: CH

RECEIVED

FEB 20 2025

IDWR/Preston

**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)

MAPLE GROVE WELLNESS LLC
1399 S RICHARDS ST
SALT LAKE CTY UT 84115-5317

Phone:

2. Date of Priority: 6/1/1912

3. Source:

SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
13S	41E	7	SE NE		FRANKLIN	

5. Description of diverting works:

DOMESTIC FOR ONE HOME and commercial uses.

6. Water is used for the following purposes:

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

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

1 home and 3 buildings.

9. Place of use:

DOMESTIC within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
13S	41E	7	SW		NE		

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:

This is when the water was first used and use continues today. This is where the original homestead family lived. Today this is used as a residence and the water is used in the bath house and incidental commercial use. The use overall is less than 2500 gal per day.

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: _____

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

_____ Owner _____ of _____ MAPLE GROVE WELLNESS LLC _____,
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 Jordan C. Menzel Date 2/20/25

Printed Name of Authorized Agent Jordan C. Menzel