

**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: 13-7135
Date Received: 2/20/2025
Receipt No: 1001857
Claim Fee: \$51.00
Received By: CA

RECEIVED

FEB 20 2025

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

IDWR/Preston

1. Name of Claimant(s)

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

Phone:

2. Date of Priority: 9/10/1976

**3. Source:
UNNAMED STREAM**

**Trib. to:
BEAR RIVER**

4. Point of Diversion:

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

5. Description of diverting works:

Water is diverted at the stream and piped to property. All gravity flow to place of use.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.03		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
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Total Acres = 1

If your answer is no, describe in remarks below the authority you have to claim this water right.

12. Remarks:

This is the licensed priority date and use continues today.

Use of water under this right will be regulated by a watermaster with responsibility for the distribution of water among appropriators within a water district. At the time of this approval, this water right is within State Water District No. 11.

When notified by the Department, the right holder shall install and maintain a measuring device of a type acceptable to the Department as part of the diverting works.

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 [Signature] Date 2/20/23

Printed Name of Authorized Agent Jordan Menzel

State of Idaho
Department of Water Resources
Adjudication Claim

13-7135

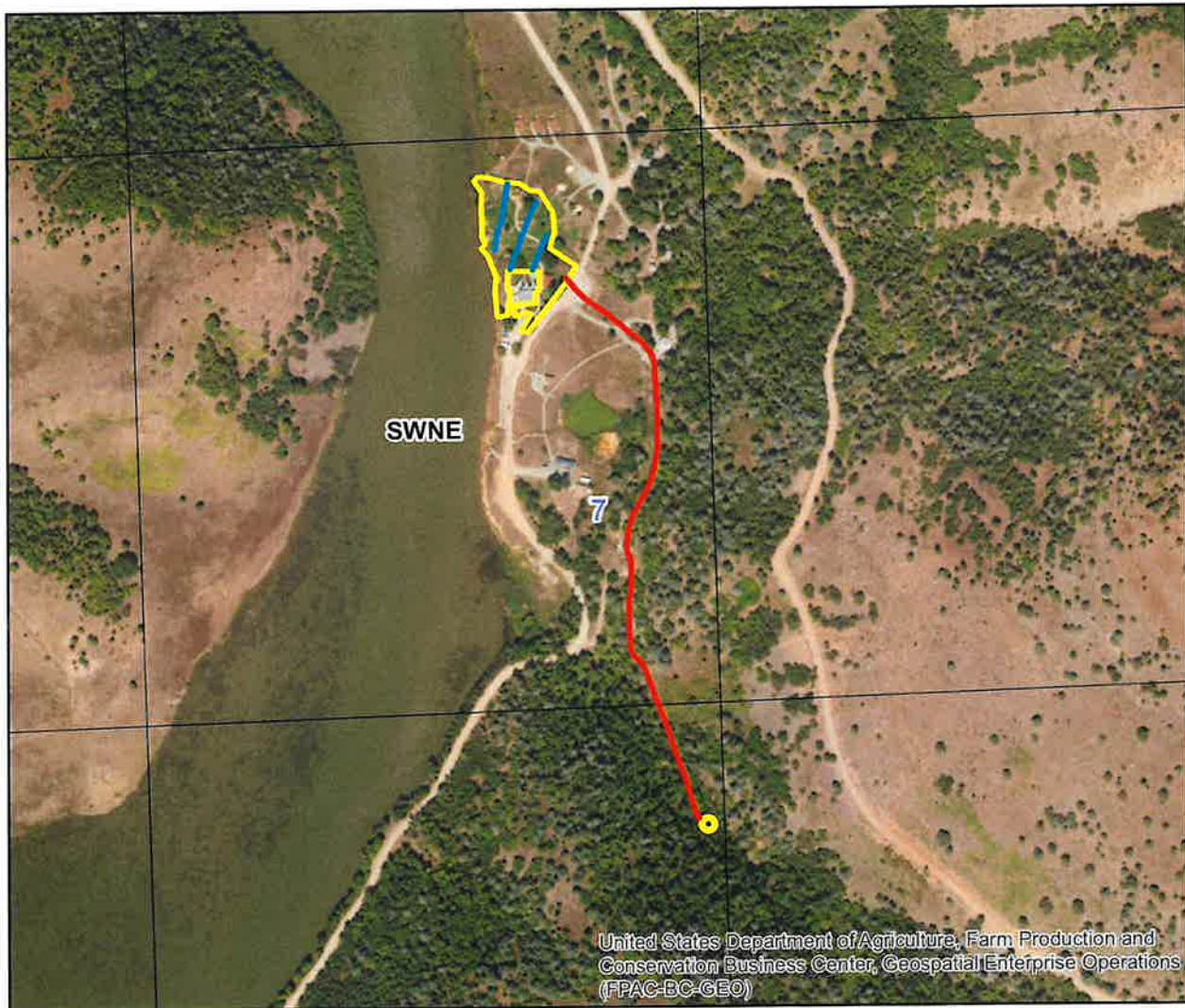
Maple Grove Wellness Llc

February 20, 2025

Irrigation

41E

13S



0 0.05 0.1 0.2 Miles

Place Of Use Boundary

Point of Diversion

State Outline

Townships

PLS Sections

Quarter Quarters

Pipe

Sprinkler

