

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: 13-7988
Date Received: 2/14/2025
Receipt No: P001873
Claim Fee: \$25-
Received By: BW

RECEIVED

FEB 27 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)

JESSE HARRIS
835 W 1600 S
PRESTON ID 83263-5053

Phone: (208) 380-0513

AND

BRINA HARRIS
835 W 1600 S
PRESTON ID 83263-5053

Phone: (208) 380-0513

2. Date of Priority: 2/23/2017

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
16S	39E	4	SE NE	1	FRANKLIN	

5. Description of diverting works:

EXSISTING WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

One home.

9. Place of use:

DOMESTIC within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
16S	39E	4	SE		NE	1	

10. Do you own the property listed above as place of use? No

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

11. Other Water Rights Used:

None.

12. Remarks:

Priority Date Explanation:

This is when the home was hooked up to the well.

Domestic use is for 1 home and does not include lawn, garden, landscape, or other types of irrigation.

The quantity of water under this right shall not exceed 13,000 gallons per day.

This right does not grant any right-of-way or easement across the land of another.

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 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):


Brina Harris

Date:

2/24/25

Date:

2/24/25