

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 ~~REAR RIVER BASIN~~ WATER SYSTEM

CIVIL CASE NUMBER: 79576

Claim ID: 11-2065

Date Received: 3/21/2025

Receipt No: P001951

Claim Fee: \$77 By: mb

MAH 21 2025

IDWR/Preston

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Kent Chester Gunnell Phone (208) 678-9658

Mailing address 114 E. 600 S. Burley ID Zip 83318
Street or Box City State

Email address (optional) kentgunnell@gmail.com

2. Date of priority: (Only one per claim) 8-14-1915 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Two Springs
which is tributary to (b) _____

4. a. Location of point of diversion is: Township 9S, Range 41E, Section 21,
NW 1/4 of NW 1/4, Govt. Lot 4, BM, County of Caribou
Parcel no. 09S41E210001

Additional points of diversion, if any: _____

If available, GPS Coordinates 42.63104°N 111.67685°W

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,

Govt. Lot _____, BM, County of _____

Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,

Govt. Lot _____, BM, County of _____

5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

Two springs that fill a small man-made pond
to flood irrigate and piped to the buildings
to provide drinking water for workers and stock.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For irrigation purposes from 4/15 to 10/31 amount .5 or _____

For domestic purposes from 1/1 to 12/31 amount .02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .5 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) drinking water and 10 head mixed stock

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
<u>9S</u>	<u>41E</u>													<u>D</u>					

Parcel no(s). _____ Total number of acres irrigated 25

10. In which county(ies) are lands listed above as place of use located? Caribou

11. Do you own the property listed above as place of use? Yes (☒) No ()
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
11-2017 or None ()

13. Remarks (Include an explanation of the priority date selected):

Priority date is based off of license.
This water right was established by my grandfather
to flood irrigate and the barn use.
The water right has been in CRP since 1987.

Name of claimant(s) _____ Claim ID _____

Scale: 2 inches equals 1 mile

[illegible]

Name of claimant(s) _____ Claim ID _____

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 11-2065

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Bear River Basin Water System 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: 3

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) Kent C. Howell Date: 3-21-2025

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Agent's title (Please print) of _____
Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

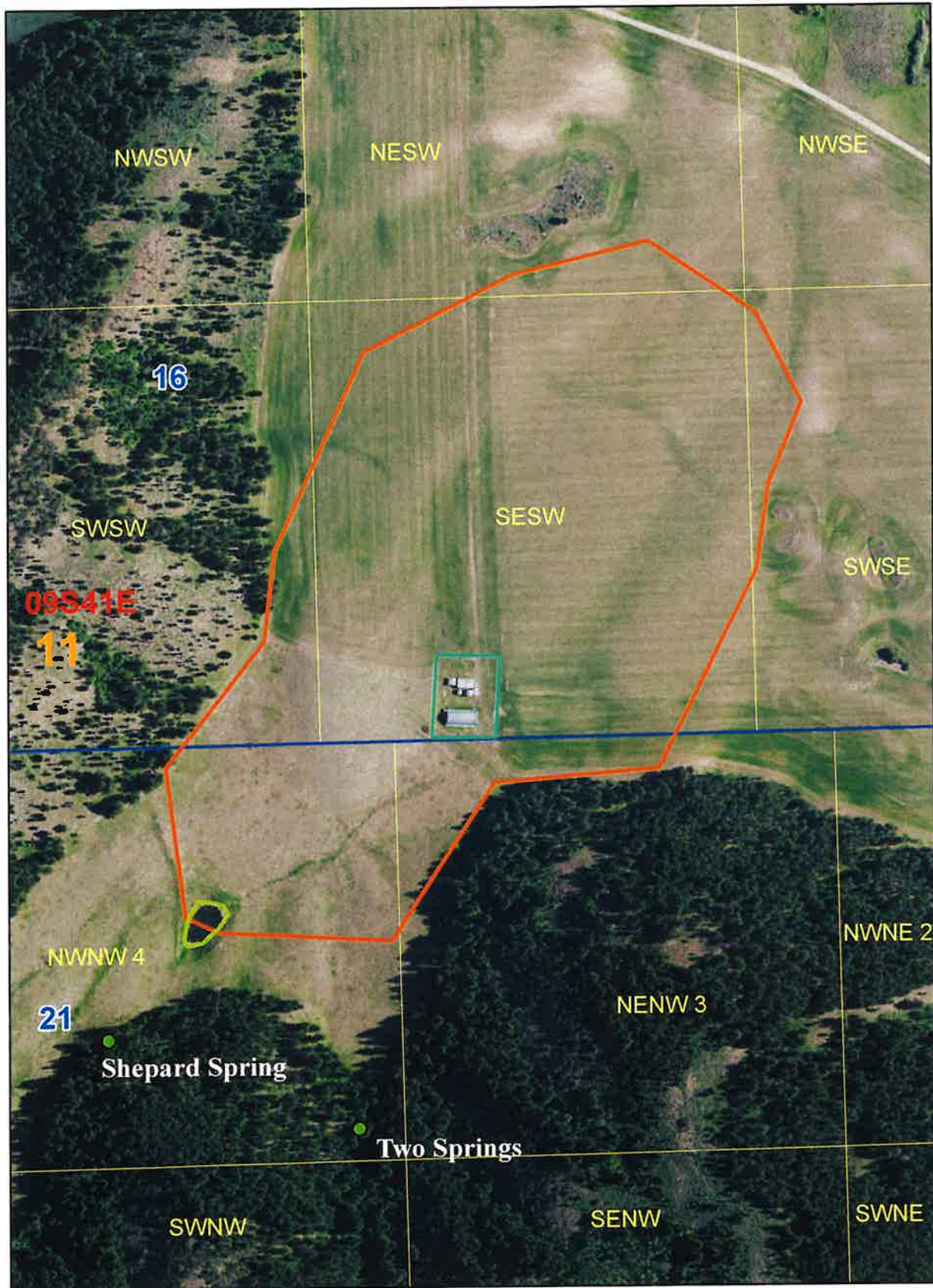
Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

Claim 11-2065



0 0.05 0.1 0.2 Miles

Legend

- Springbox
- Irrigated Acres
- Recreation Storage
- Domestic

CRP-1 (01-08-24)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 16 029		2. SIGN-UP NUMBER 15					
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 501		4. ACRES FOR ENROLLMENT 56.00					
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) CARIBOU COUNTY FARM SERVICE AGENCY 390 E HOOPER AVE. #1 SODA SPRINGS, ID83276-0762				6. TRACT NUMBER	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-01-1997 09-30-2010						
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (208) 547-4396 x2				8. SIGNUP TYPE: General							
THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.											
9A. Rental Rate Per Acre \$ 38.13		10. Identification of CRP Land (See Page 2 for additional space)									
9B. Annual Contract Payment \$ 2,135.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share					
9C. First Year Payment \$				CP10	56.00	\$ 0.00					
(Item 9C is applicable only when the first year payment is prorated.)											
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)											
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DEAN GUNNELL 379 MOUNTAIN VIEW AVE SODA SPRINGS, ID83276-1247		(2) SHARE 100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)						
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KARLEEN L GUNNELL 359 MOUNTAIN VIEW AVE SODA SPRINGS, ID83276-1247		(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)						
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)						
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE				B. DATE (MM-DD-YYYY)					
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.											
Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.											

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

CRP-1 (01-08-24)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	
CONSERVATION RESERVE PROGRAM CONTRACT		1. ST. & CO. CODE & ADMIN. LOCATION 16 029	
		2. SIGN-UP NUMBER 58	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) CARIBOU COUNTY FARM SERVICE AGENCY 390 E HOOPER AVE. #1 SODA SPRINGS, ID83276-0762		3. CONTRACT NUMBER 11142A	
		4. ACRES FOR ENROLLMENT 41.65	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (208) 547-4396 x2		6. TRACT NUMBER 3830	
		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2022 TO: (MM-DD-YYYY) 09-30-2032	
8. SIGNUP TYPE: General			
THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.			
9A. Rental Rate Per Acre \$ 42.21		10. Identification of CRP Land (See Page 2 for additional space)	
9B. Annual Contract Payment \$ 1,758.00		A. Tract No.	B. Field No.
9C. First Year Payment \$		C. Practice No.	D. Acres
(Item 9C is applicable only when the first year payment is prorated.)		E. Total Estimated Cost-Share	F. Total Estimated Cost-Share
		3830	3
		3830	6
3830		7	13.09
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KENT C GUNNELL 114 E 600 S BURLEY, ID83318-5693		(2) SHARE 100.00 %	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(3) SIGNATURE (By)	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
(5) DATE (MM-DD-YYYY)		(5) DATE (MM-DD-YYYY)	
(5) DATE (MM-DD-YYYY)		(5) DATE (MM-DD-YYYY)	
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B. DATE (MM-DD-YYYY)		B. DATE (MM-DD-YYYY)	

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.