

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 13-4042
Date Received: 6/19/2024
Receipt No: T118494

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MICHAEL HAMBLIN	3232 NORTH 1600 EAST	PRESTON	ID	UNITED STATES	83263
ETHAN RAWLINGS	24 N STATE ST PO BOX 191	PRESTON	ID	USA	83263-0191
HALEY HAMBLIN	3232 NORTH 1600 EAST	PRESTON	ID	UNITED STATES	83263

2. Date of Priority:

Date	Explanation
6/1/1884	Date when spring was first developed, date used on the original claim to a water right filed in 1977.

3. Source:

Source	Tributary
SPRING	SINKS

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
15S	40E	6		NW	NW	FRANKLIN		

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	4		Water source historically provides water to four homes, one of which is owned by applicant.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04		

Totals

CFS	AF	KW
0.04		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
14S	40E	31	NW	SW	FRANKLIN	3	
14S	40E	31	SW	SW	FRANKLIN	4	



9. **Remarks:**

6' x 6' concrete box caps the spring with separate pipes conveying water to four homes, one of which is presently owned by the applicant. Spring water is used for culinary purposes, irrigation of lawn and garden.

10. **Other Water Rights:**

Spring provides water to four homes, one of which is presently owned by the applicant.

11. **Basis:**

Basis
Statutory Claim

12. **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 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: _____

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): _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name