

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 11-4239
Date Received: 5/9/2025
Receipt No: T121161

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
VERNON HEMMERT	P.O.BOX 372	PARIS	ID	UNITED STATES	83261

2. Date of Priority:

Date	Explanation
10/20/1898	HOMESTEAD DATE.

3. Source:

Source	Tributary
SPRINGS	BEAR LAKE
SPRINGS	BEAR LAKE
SPRINGS	BEAR LAKE

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
15S	44E	13		NE	SW	BEAR LAKE		
15S	44E	24		SW	NE	BEAR LAKE		
15S	44E	13		SE	SW	BEAR LAKE		

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

Water Use	Number Of Homes	Stock	Description
STOCKWATER		Cattle	CATTLE DRINK FROM DESIGNATED WATER TROUGHS, AND SPRINGS.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	05/01	10/31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.03		

Totals

CFS	AF	KW
0.03		

8. Place of Use:

Water Use	Total Claimed Acreage
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STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acre
15S	44E	24	SW	SE	BEAR LAKE		
15S	44E	24	NE	NW	BEAR LAKE		
15S	44E	24	NW	NE	BEAR LAKE		
15S	44E	24	SW	NE	BEAR LAKE		
15S	44E	24	SE	NW	BEAR LAKE	3	
15S	44E	24	SE	SW	BEAR LAKE	7	
15S	44E	13	SE	SW	BEAR LAKE	7	
15S	44E	24	NE	SW	BEAR LAKE	6	
15S	44E	13	NE	SW	BEAR LAKE	6	

Place of Use Map

9. Remarks:

10. Other Water Rights:

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