

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

Claim ID: ~~11-8583~~ 11-4077

Date Received: 7/24/23

Receipt No: P000346

Claim Fee: 25.00 By: MB

RECEIVED

JUL 24 2023

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

Please type or print clearly

- Name of claimant(s) Mathew Hirschi and Stephanie Hirschi Phone (208) 317-1879
Mailing address 1656 Bench Road, Montpelier, ID Zip 83254
Street or Box City State
Email address (optional) mntfabrication@yahoo.com
- Date of priority: (Only one per claim) 06/01/1951 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 13S, Range 44E, Section 14,
SW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Bear Lake;
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, 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.
Domestic well with submersible pump used to supply water to one home, lawn, garden and landscaping around the house is irrigated from the well. The well is located under the home as depicted on attached map by a black X.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>1/01</u> to <u>12/31</u> amount <u>.04</u>			
For <u>Stockwater</u> purposes from <u>1/01</u> to <u>12/31</u> amount <u>.02</u>			
- Total quantity claimed .06 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Stockwater is used for 5 horses, 4 goats and 25 chickens

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9. Location of place of use is: Township 13E, Range 44E, Section 14,
SW 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) **Domestic** () **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the 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.
Yard around home irrigated from well. Rest of property is irrigated from Preston-Montpelier Canal or None ()

13. Remarks (include an explanation of the priority date selected):
To best of knowledge the home was built in June 1, 1951 and the well was installed then.

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 11-4077

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: _____

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) Matthew Hirsch Date: 7/21/23
Stephanie Hirschi Date: 7/21/23

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) _____ 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 of behalf on 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.

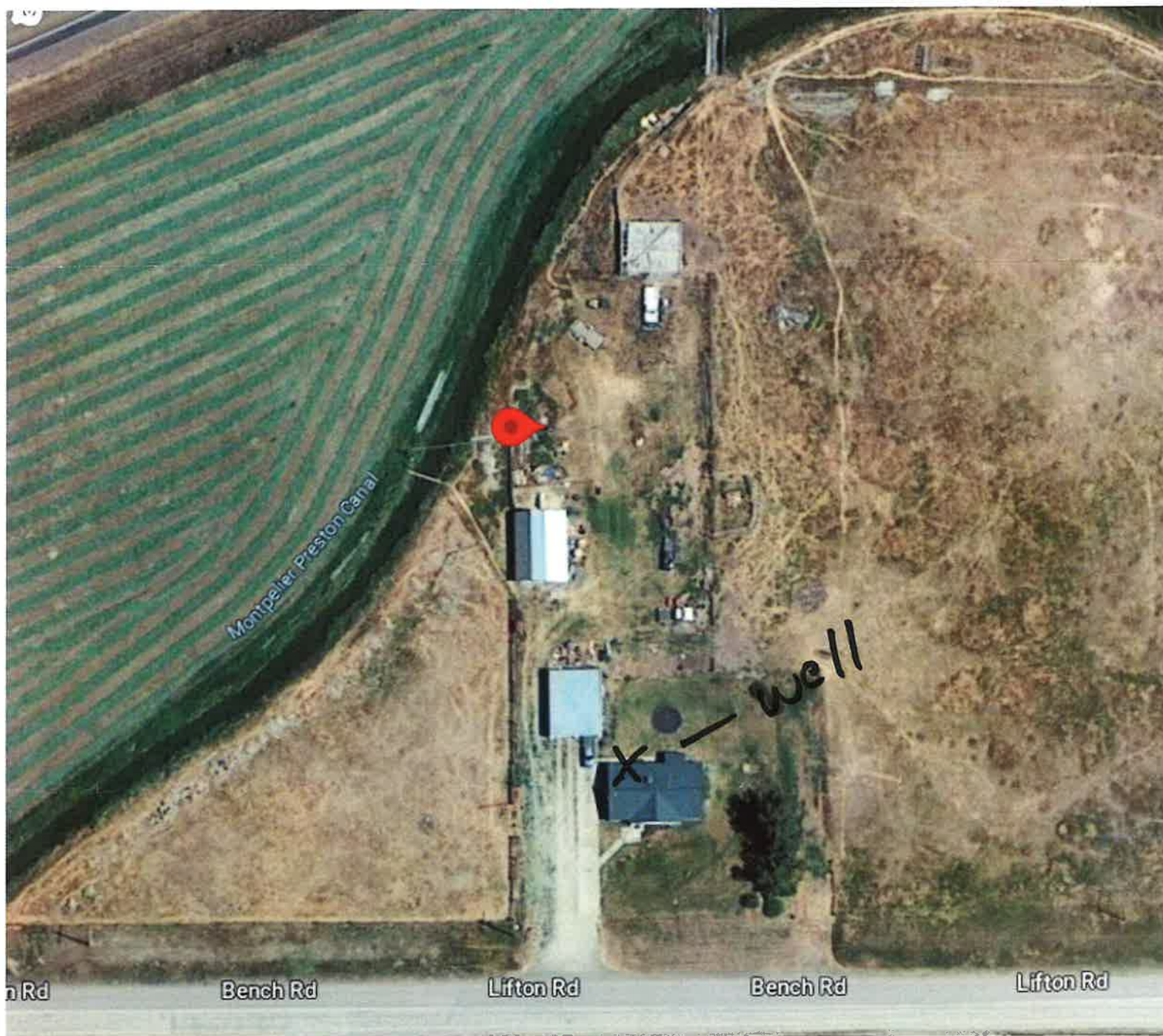
Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

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