

**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: 13-7597
Date Received: 2/28/2024
Receipt No: POD1194
Claim Fee: \$25.00
Received By: MB

RECEIVED

AUG 19 2024

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)

MELVIN DELOY FOSTER LIVING TRUST
1815 W 2600 S
WELLSVILLE UT 84339

Phone: (435) 770-0963

2. Date of Priority: 4/1/1870

3. Source:
SPRING

Trib. to:
STOCKTON CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
12S	39E	34	NE NW		FRANKLIN	

5. Description of diverting works:

Developed spring that diverts water through a pipe down to the property. The spring was redeveloped and updated in approximately the late 90's to 2000's to replace the old clay pipe.

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		
STOCKWATER	01/01	12/31	0.09		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

1 home.

9. Place of use:

DOMESTIC within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	39E	34	NW		SW		

STOCKWATER within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	39E	34	NE		SE		

10. Do you own the property listed above as place of use? Yes

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

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

To the best of my knowledge this is approximately when the use first began.

13. Basis of Claim: Statutory Claim

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 __X__ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

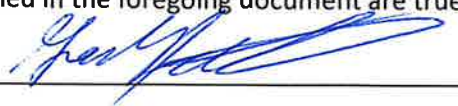
Number of attachments: _____

For Organizations:

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

_____ Trustee _____	of _____ Melvin Deloy Foster Living Trust _____
Agents 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 2/28/2024

Printed Name of Authorized Agent Gary G Foster