

**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: 13-7736
Date Received: 6/16/2025
Receipt No: P002154
Claim Fee: \$118-
Received By: BW

RECEIVED

OCT 28 2025

IDWR/Preston

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

BRECK HUNSAKER
PO BOX F
GRACE ID 83241-0260

Phone: (208) 852-6321

AND/OR

DIXIE HUNSAKER
PO BOX F
GRACE ID 83241

Phone: (208) 339-3153

2. Date of Priority: 6/25/1942

3. Source:
SWAN LAKE

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
13S	38E	14	NW SW	1	BANNOCK	

5. Description of diverting works:

Swan Lake outlet to ditch to headgate to field. Flood irrigation.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	10/31	1.4		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BANNOCK County

Township	Range	Section	¼	of	¼	Lot	Acres
13S	38E	23	NE		SE		25
13S	38E	23	NE		SW		3
13S	38E	23	NW		SE		40

Total Acres = 68

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:

None.

12. Remarks:

Priority Date Explanation:

This is the date given on the license. This use continues to this day. The POD and POU claimed is where they have historically been located. Map from 13-2146 backfile is attached. Domestic use no longer exists.

13. Basis of Claim: License

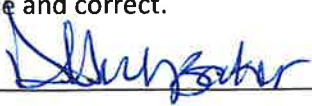
14. Signature(s)

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

Number of attachments: _____

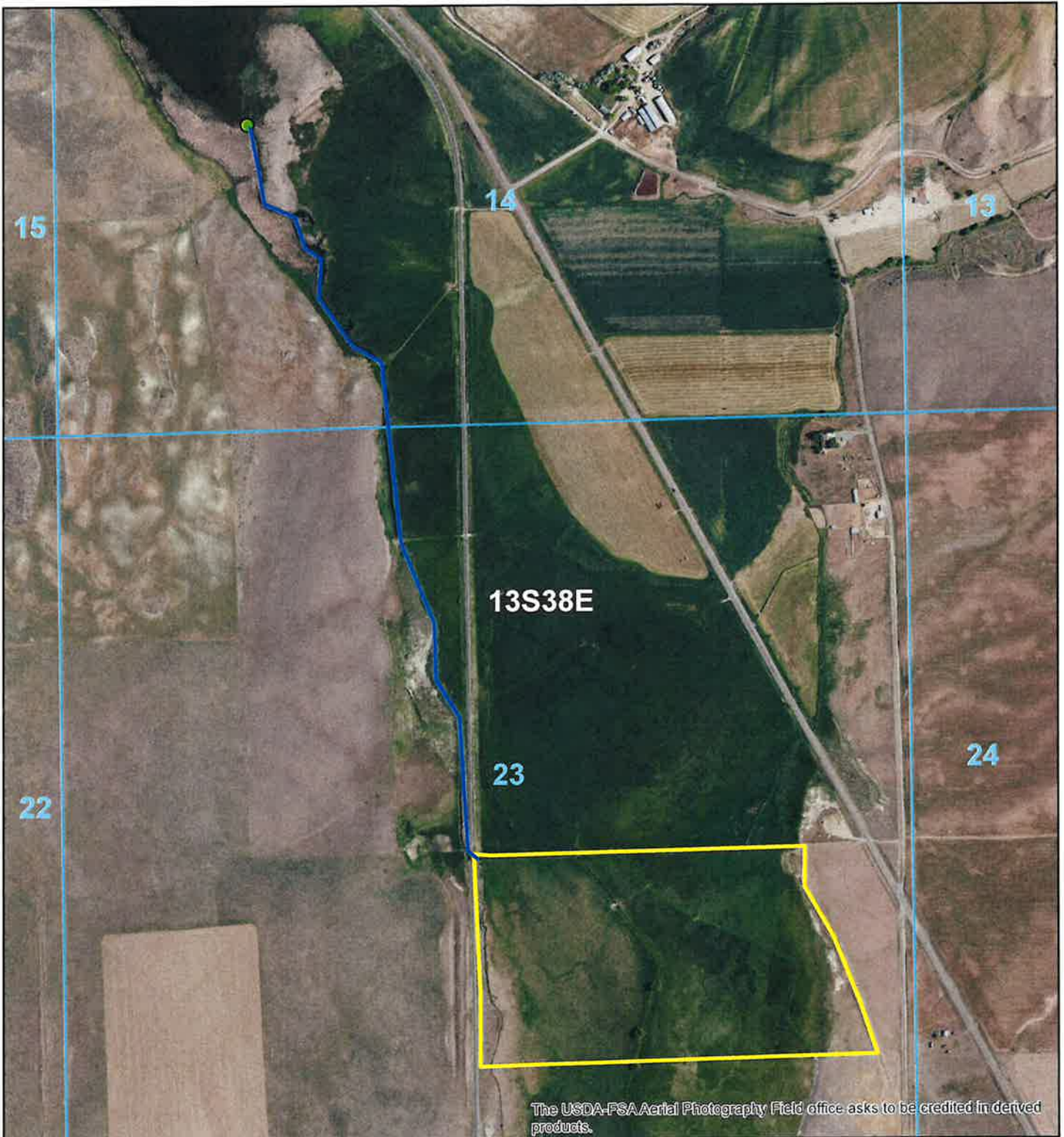
For Individuals:

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: 23 Oct 25

_____ Date: _____

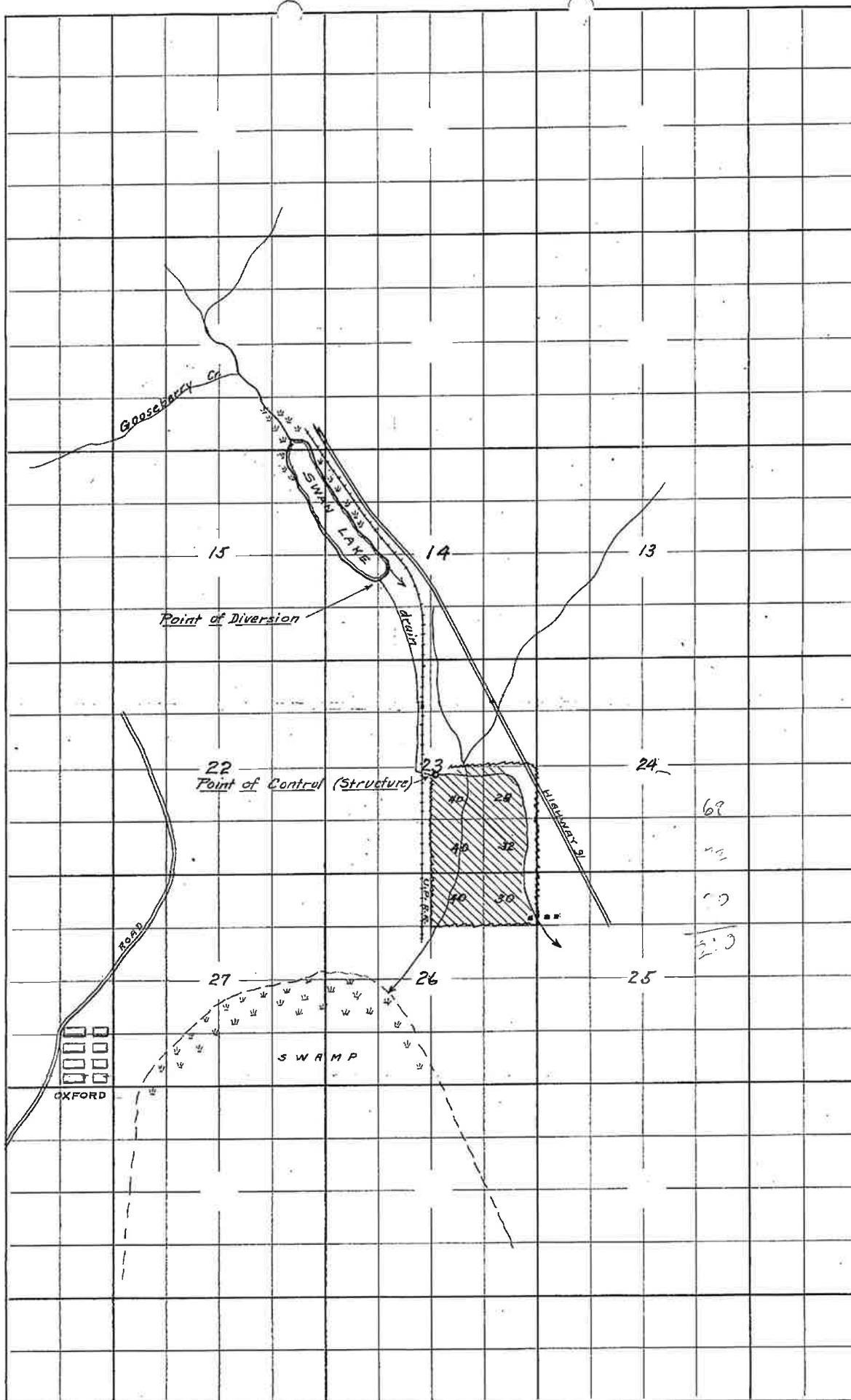
Claim 13-7736



POD ●
POU —
DITCH —

0 0.05 0.1 0.2 0.3 0.4 Miles





SCALE: 2 INCHES EQUALS 1 MILE. DRAW MAP IN INK.

19326