

**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: 13-7855
Date Received: 9/4/2025
Receipt No: PO03099
Claim Fee: \$25.00
Received By: CHA

RECEIVED

SEP 04 2025

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)

JOHN MUSSLER
14745 N HWY 34
THATCHER ID 83283

Phone: (208) 221-3346

2. Date of Priority: 7/18/2012

3. Source:

SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of	¼ of	¼ of	Lot	County	Type
12S	40E	24	NE	NE	SE		FRANKLIN	

5. Description of diverting works:

Spring box collects water into PVC pipes.

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		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

1 house, lawn and garden, barn, and shop.

9. Place of use:

DOMESTIC within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	40E	24	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:

Mound Valley Water Works

12. Remarks:

Priority Date Explanation:

This is the licensed priority date and use continues today. This is also supplied by Mound Valley Water Works.

The domestic use authorized under this right shall not exceed 13,000 gallons per day per home.

The irrigation occurring under this domestic use shall not exceed 1/2 acre.

Domestic use is for 1 home.

13. Basis of Claim: License

14. Signature(s)

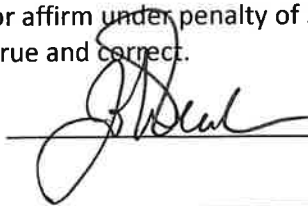
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the BEAR River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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:

Sept. 4 2025

Date: