

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

JUN 15 2026

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 99576
By: CS 24445 Clerk
Date Received: 06/15/2026 Deputy Clerk
Receipt No: T126105
Claim Fee: \$25.- By: [Signature]

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

1. Name of claimant(s) JENNIFER HUNN & JONATHAN KINNEY Phone (360) 250-2805
Mailing address 2011 W TENDOR DR Zip 83705
Street or Box City State
Email address (optional) HUNNJEN@GMAIL.COM

2. Date of priority: (Only one per claim) 08/08/1998 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. Location of point of diversion is: Township 10N, Range 02E, Section 13,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of VALLEY ;
Parcel no. _____

Additional points of diversion, if any: _____
If available, GPS coordinates: _____

5. 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.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 01/01 to 12/31 amount .04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
GENERAL USE FOR A ONE BEDROOM, ONE BATHROOM CABIN WITH KITCHEN

9. Location of place of use is: Township 10N, Range 02E, Section 13,
SE 1/4 of NE 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 T10N R02E S13 SWNE

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

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.

_____ or None ()

13. Remarks (include an explanation of the priority date selected):

THIS IS THE DATE THE WELL WAS DRILLED

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 _____

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 Notice in the Snake 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: 6/8/2026

 Date: 6/8/2026

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

_____ of _____,
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 _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

67802

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D 000 7417
DRILLING PERMIT NO. 65-98-W 0219-000
Other IDWR No. _____

11. WELL TESTS:
 Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1		280	1 hr.

2. OWNER:
Name DAVID BUNNELL
Address 5489 CITADEL WAY
City Boise State ID Zip 83703

Water Temp. 50° Bottom hole temp. 50°
Water Quality test or comments: good
Depth first Water Encounter 125

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Twp. 10 North or South
Rge. 2 East or West
Sec. 13 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County VALLEY
Lat: 44 : 12 : 170 Long: 116 : 09 : 481
Address of Well Site _____ City CASCADE

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
6	0	3	TOP SOIL		X
6	3	15	BROWN SANDY CLAY		X
6	15	19	BROWN Decomposed GRANITE		X
6	19	27	BROWN Decomposed GRANITE		X
6	27	42	med. HARD GRAY GRANITE		X
6	42	61	BROWN Decomposed GRANITE		X
6	61	66	med. HARD GRAY GRANITE		X
6	66	77	SOFT BROWN GRANITE		X
6	77	88	med. HARD GRAY GRANITE		X
6	88	92	med. HARD GRAY GRANITE w/ FRACT.		X
6	92	99	med. HARD GRAY + BROWN GRANITE		X
6	99	110	med. HARD BROWN GRANITE w/ FRACT.		X
6	110	122	HARD GRAY GRANITE		X
6	122	125	med HARD BROWN FRACT. GRANITE	1/2 gpm	X
6	125	158	med HARD BROWN GRANITE w/ FRACT.		X
6	158	172	med HARD BROWN GRANITE		X
6	172	191	med. HARD BROWN GRANITE w/ FRACT.		X
6	191	195	SOFT BROWN GRANITE		X
6	195	198	HARD GRAY GRANITE		X
6	198	205	med HARD GRAY + BROWN		X
6	205	242	HARD GRAY GRANITE		X
6	242	256	med HARD BROWN FRACT. GRANITE	1 gpm	X
6	256	280	HARD GRAY GRANITE		X

Lt. _____ Bk. _____ Sub. Name _____

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
 New Well Modify Abandonment Other _____

6. DRILL METHOD
 Air Rotary Cable Mud Rotary Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK	AMOUNT		METHOD
Material	From	To	Sacks or Pounds
Cement grout	19	3	35 SACKS
Bentonite chips	3	0	1 SACK
8-12 Colorado sand	90	278	1,900 lbs.

OVERHOLE TO SEAL DEPTH
PLACED FROM TOP DOWN

Was drive shoe used? Y N Shoe Depth(s) _____
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	19	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	-7	101	160	PVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	141	221	160	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	261	281	160	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
Perforations _____ Method _____
Screens SAWED PVC Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
101	141	.020		4	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
221	261	.020		4	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
8 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: SANITARY WELL SEAL

RECEIVED RECEIVED
SEP 09 1998 SEP 01 1998
MICROFINNET RESOURCES
Department of Water Resources WESTERN REGION
NOV 04 1998
Completed Depth 278 (Measurable)
Date: Started 7-30-98 Completed 8-3-98

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Company Name GESTRIN WELL DRILLING INC. Firm No. 408
Firm Official Robert W. M... Date 8-8-98
and _____
Driller or Operator _____ Date _____
(Sign once if Firm Official & Operator)

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER FROM THE

CIVIL CASE NUMBER:
Ident. Number 65-24445
Date Received: 5/5/2026
Receipt No: T126105

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JENNIFER HUNN	2011 W. TENDROY DR	BOISE	ID	UNITED STATES	83705
JONATHAN KINNEY	2011 W TENDROY DR	BOISE	ID	UNITED STATES	83705

2. Date of Priority:

Date	Explanation
8/8/1998	This is the date the well was drilled

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
10N	02E	13		SE	NE	VALLEY		

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		General use for a one bedroom, one bathroom cabin with kitchen.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04		

Totals

CFS	AF	KW
0.04		

8. Place of Use:

Water Use	Total Claimed Acreage

DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
10N	02E	13	SW	NE	VALLEY		
10N	02E	13	SE	NE	VALLEY		



9. Remarks:

COPY
COPY

10. **Other Water Rights:**

11. **Basis:**

Basis
Beneficial Use

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 NO PLANNED OR ACTIVE 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

CERTIFICATE OF MAILING

I certify that on JUNE 11, 2026 I mailed original and copies of this form, including all attachments, via certified mail and addressed as follows to the following persons:

2 1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
253 Third Ave. North
P.O. Box 2707
Twin Falls, ID 83303-2707

2. Copies to: 1 copy

X Director of IDWR
PO Box 83720
Boise, ID 83720-0098

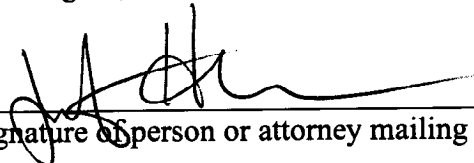
United States Department of Justice
Environment & Nat'l Resources Div.
PO Box 7611
Ben Franklin Station
Washington, D.C. 20044-7611

Chief, Natural Resources Division
Office of Attorney General
State of Idaho
PO Box 83720
Boise, ID 83720-0010

3. Certified Mail Copies to:

U.S. Attorney's Office
1290 W Myrtle St, Ste 500
Boise, ID 83702

U.S. Department of Justice
Environment & Nat'l Resources Div.
Four Constitution Square
150 M Street NE
Washington, D.C. 20002



Signature of person or attorney mailing the form