

**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: 13-4312
Date Received: 11/25/2024
Receipt No: *P001610*
Claim Fee: *\$25.00*
Received By: *MB*

RECEIVED

NOV 27 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)

TWIN RIVERS DAIRY INC
326 MAPLE CREEK RD
FRANKLIN ID 83237

Phone: (208) 406-6739

2. Date of Priority: 5/1/1925

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
16S	40E	16	NE SW		FRANKLIN	

5. Description of diverting works:

Artisian well to troughs and pump when necessary.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
STOCKWATER	1/01	12/31	0.05		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

200 Dairy Cows

9. Place of use:

STOCKWATER within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
16S	40E	16	NE		SW		

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:

This is the date when the well was dug and use continues today. This well was originally used for a barn and stockwater troughs. Today the well is for stockwater and potential future domestic use.

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

_____ President _____ of _____ TWIN RIVERS DAIRY INC _____
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 *Doug Rallison* Date 11/25/24

Printed Name of Authorized Agent DOUG RALLISON