

**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: 13-7817
Date Received: 1/17/2025
Receipt No: P001742
Claim Fee: \$55.00
Received By: m3

RECEIVED

JAN 17 2025

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

IDWR/Preston

1. Name of Claimant(s)

TIMOTHY SULLIVAN
2309 LAGO RD
GRACE ID 83241

Phone: (208) 859-2524

OR

MANDI SULLIVAN
2309 BENCH LAGO RD
GRACE ID 83241

Phone: (208) 221-6218

2. Date of Priority: 5/1/1885

3. Source:
MIDDLE FORK TROUT CREEK

Trib. to:
TROUT CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
11S	41E	16	NW SE		CARIBOU	

5. Description of diverting works:

Concrete box that diverts water out into an open ditch. This open ditch is currently being maintained on right now and will be piped soon. The ditch feeds an enclosed pipe system, that then reaches my property and the other shared irrigation rights from this point.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/20	09/30	0.03		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
11S	41E	16	NW		SW		4.1

Total Acres = 4.1

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:

13-7827 and 13-7837

12. Remarks:

Priority Date Explanation:

This is the date that was decreed and the use has continued since.

This right is limited to 0.031 cfs.

13. Basis of Claim: Decreed

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: _____

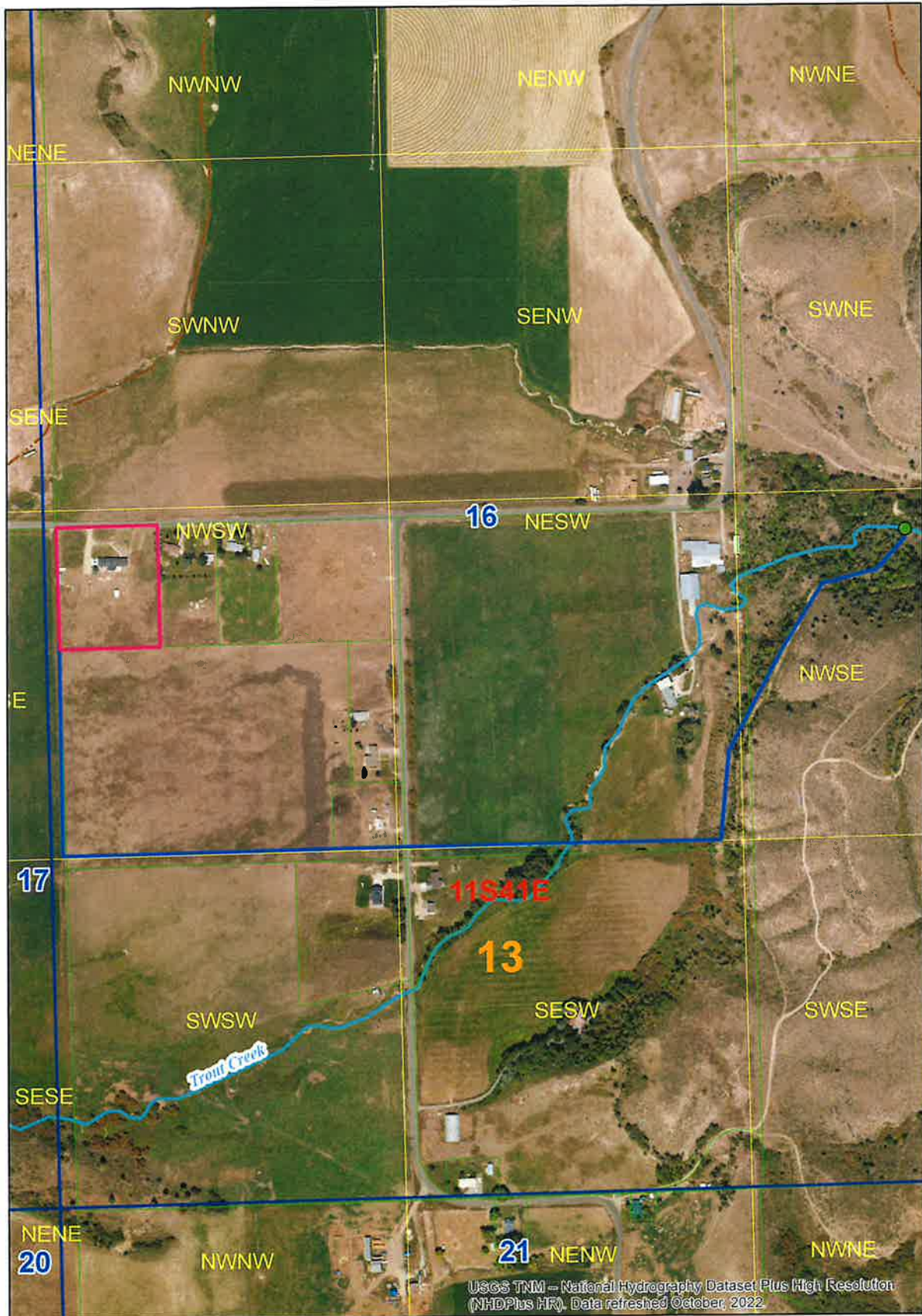
For Individuals:

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: 1/17/2025

Date: _____

BRBA Claim



Point of Diversion: ● Delivery System: —

Place of Use: —

0 237.5 475 950 Feet

