

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: 13-2175
Date Received: 1/29/2025
Receipt No: P001779
Claim Fee: \$50-
Received By: BW

RECEIVED

JAN 29 2025

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/Preston

1. Name of Claimant(s)

ROCKIN F RANCH LLC
975 N 1400 W
PRESTON ID 83263-5250

Phone: (208) 339-9713

2. Date of Priority: 5/1/1953

3. Source:
UNNAMED STREAM

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
15S	39E	20	NE NE		FRANKLIN	

5. Description of diverting works:

Culvert with screen piped to pivot which is gravity fed.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	11/01	1		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
15S	39E	20	NW		NE		23
15S	39E	20	SW		NE		17
15S	39E	20	NE		NW		10

Total Acres = 50

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:

13-2279, 13-2135.

12. Remarks:

Priority Date Explanation:

This is the date given on the license. This use continues to this day.

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 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

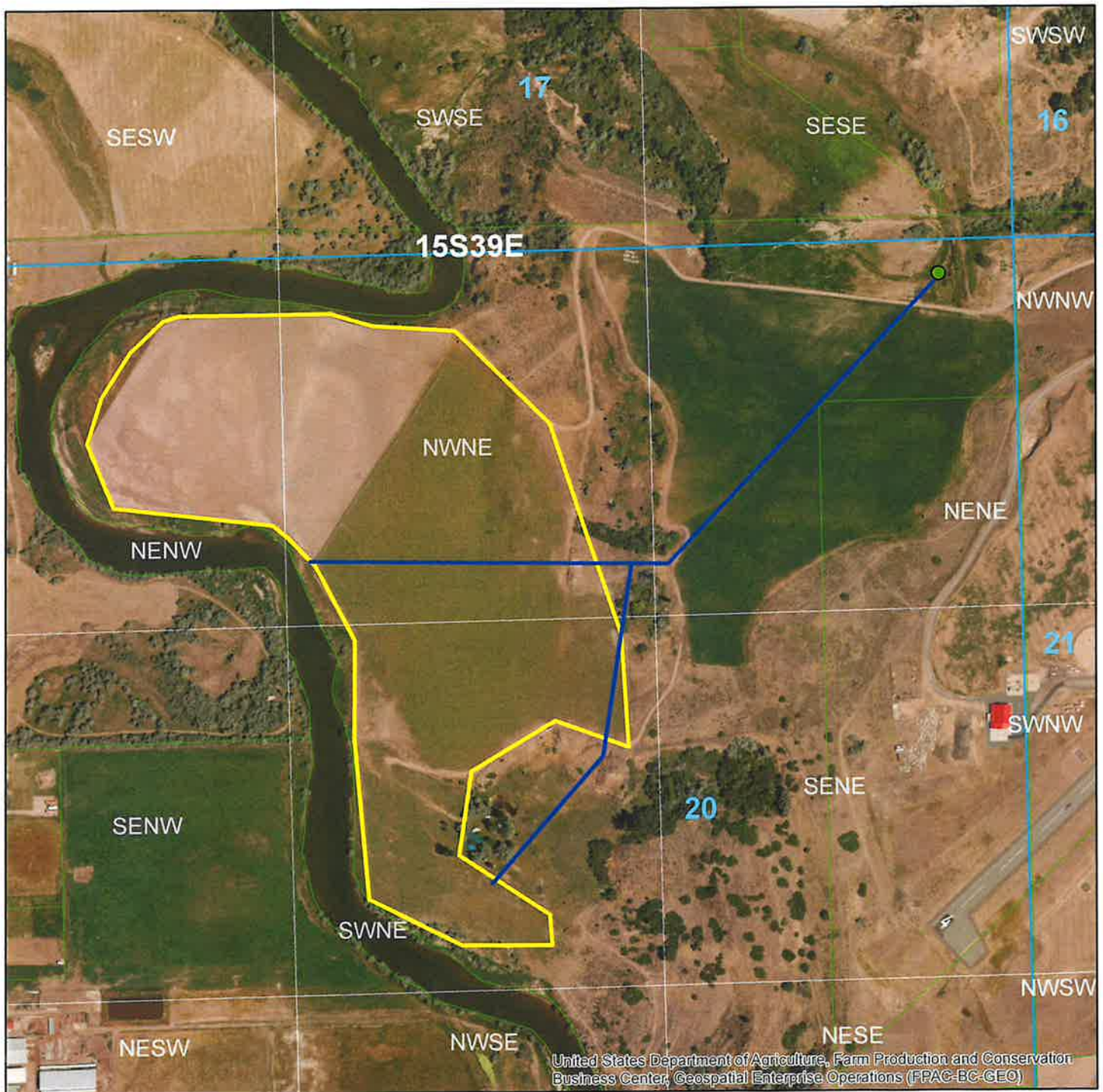
_____ Member _____ of _____ ROCKIN F RANCH LLC _____,
Agents Title (please print) Name of Organization (please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Easton Fellows Date 1-29-25

Printed Name of Authorized Agent Easton Fellows

Claim 13-2279, 13-2135, 13-2175.



0 0.0375 0.075 0.15 0.225 0.3 Miles

POD ●
PIPE —
POU —

