

**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: 13-4089

Date Received: 2/7/2025

Receipt No: P001838

Claim Fee: \$58-

Received By: BW

RECEIVED

FEB 07 2025

IDWR/Preston

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

1. Name of Claimant(s)

JAMON JARVIS
2987 THIRTY OAKS DR
SPRINGVILLE UT 84663

Phone: (801) 706-8288

2. Date of Priority: 6/1/1928

3. Source:

UNNAMED STREAM

Trib. to:

MINK CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
14S	40E	13	NE NW		FRANKLIN	

5. Description of diverting works:

Buried pipe from stream bed to property. System is gravity fed.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	4/01	11/01	0.5		

7. Total Quantity Appropriated is:

0.5 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
14S	40E	13	NE		NW		5.7
14S	40E	13	NW		NW		1.4
14S	40E	13	SE		NW		0.1

Total Acres = 7.2

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:

None.

12. Remarks:

Priority Date Explanation:

This is the date stated on the statutory claim. To the best of my knowledge, this is accurate. I will be working on providing historical evidence for this use.

The point of diversion has never changed throughout time, but it was named incorrectly in the statutory claim.

13. Basis of Claim: Statutory Claim

14. Signature(s)

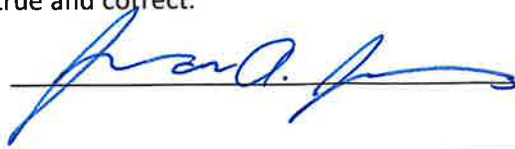
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the BEAR River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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:

2/7/2025

Date:

Claim 13-4089



POD ●
POU —

