

**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: 13-7174
Date Received: 2/14/2025
Receipt No: P001874
Claim Fee: \$63-
Received By: BW

RECEIVED

FEB 14 2025

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

IDWR/Preston

1. Name of Claimant(s)

GENE AUSTIN FAMILY TRUST
2865 N HWY 91
PRESTON ID 83263

Phone: (208) 221-8565

2. Date of Priority: 5/2/1977

3. Source:
SPRING

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
15S	39E	9	SW NE		FRANKLIN	

5. Description of diverting works:

Concrete diversion with head gate to schedule 40 pvc pipe to risers in field.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	4/01	11/01	0.22		49

7. Total Quantity Appropriated is:

0.22 C.F.S. and/or 49 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	9	NW		NE		0.5
15S	39E	9	SW		NE		2.1
15S	39E	9	NE		NW		0.4
15S	39E	9	SE		NW		10

Total Acres = 13

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 given on the license. This use continues to this day. The point of diversion and place of use has always been located where it was claimed.

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

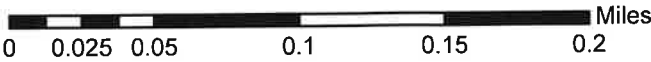
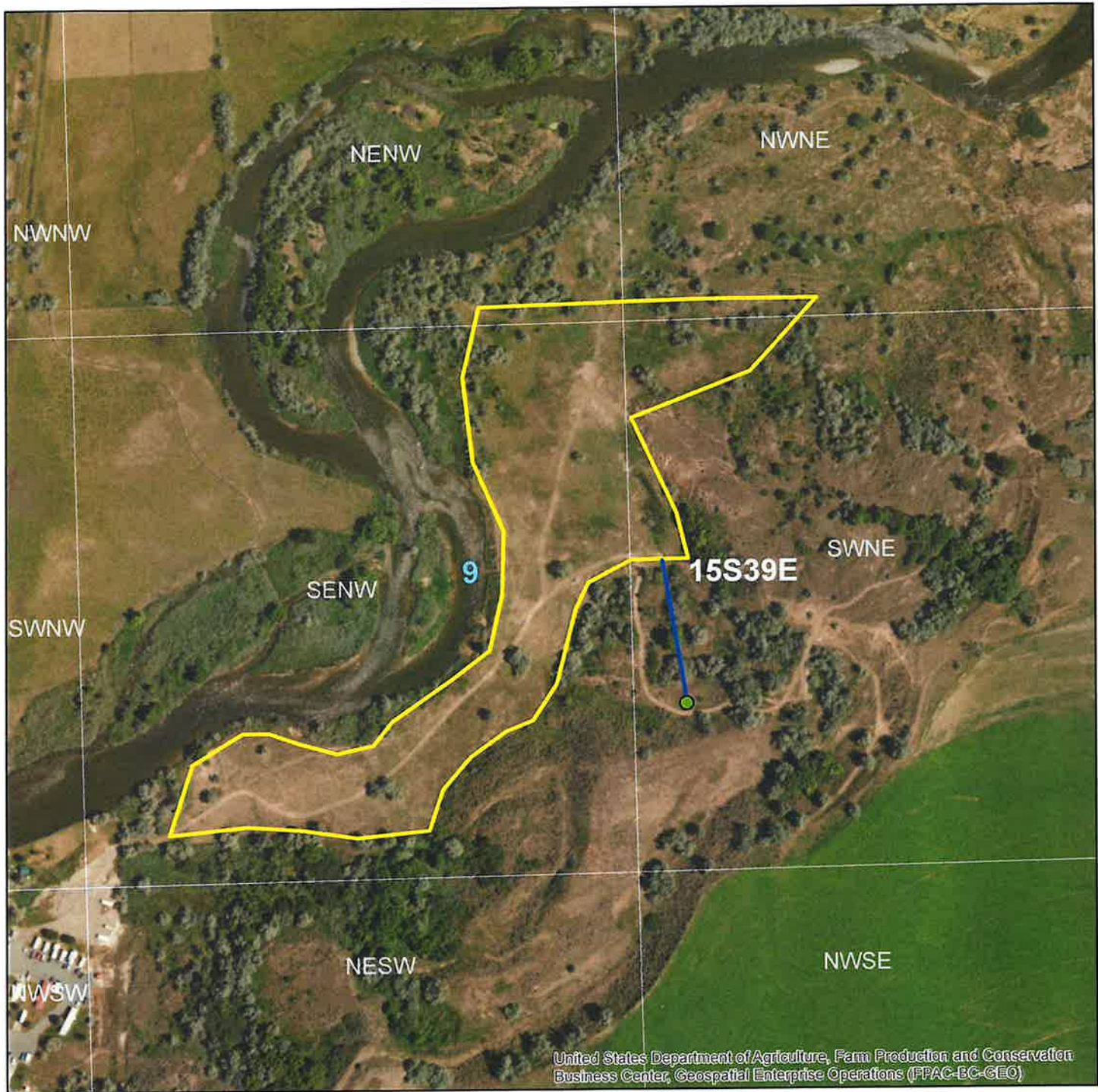
_____ Trustee _____ of _____ GENE AUSTIN FAMILY TRUST _____,
Agents Title (please print) Name of Organization (please print)

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

Signature of Authorized Agent Tamra Austin Date FEB 14 2025

Printed Name of Authorized Agent TAMRA AUSTIN

Claim 13-7174



POD ●
POU —
PIPE —

