

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 11-7785

Date Received: 3/13/2023

Receipt No: T115553

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JADE BEUS	PO BOX 13135	JACKSON	WY	USA	83002

2. Date of Priority:

Date	Explanation
6/1/1921	

3. Source:

Source	Tributary
WOOD CANYON CREEK	SLUG CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
08S	42E	36		SW	NE	CARIBOU		

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
STOCKWATER		Cattle	
IRRIGATION			

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	01/01	12/31
IRRIGATION	06/01	09/30

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.02		
IRRIGATION	0.19		

Totals

CFS	AF	KW
0.21		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	9.30

STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
08S	42E	35	SW	SW	CARIBOU		
09S	42E	2	NW	NW	CARIBOU	4	
IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
08S	42E	35	SW	SW	CARIBOU	4	1.30
09S	42E	2	NW	NW	CARIBOU		8.00



9. **Remarks:**

10. **Other Water Rights:**

BASIN 11-7784 IS ANOTHER STATUTORY CLAIM FOR SAME PARCEL

11. **Basis:**

Basis
Statutory Claim

12. **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 Water System 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: _____
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____

Title _____ Organization _____

that I have signed the foregoing document in the space below as

_____ of _____

Title _____ Organization _____

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name