

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 11-7303

Date Received: 4/26/2023

Receipt No: T116101

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ADAM DAVIDSON	POST BOX 63	ST CHARLES	ID	UNITED STATES	83272

2. Date of Priority:

Date	Explanation
11/4/1982	

3. Source:

Source	Tributary
INDIAN SPRINGS	BEAR LAKE

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
15S	45E	17		SW	SW	BEAR LAKE		

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

Water Use	Number Of Homes	Stock	Description
STOCKWATER		Cattle	Cattle drink from it.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	4/01	11/01

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.05	1.20	

Totals

CFS	AF	KW
0.05	1.20	

8. Place of Use:

Water Use	Total Claimed Acreage
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STOCKWATER								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
15S	45E	17	SW	SW	BEAR LAKE			
15S	45E	20	NW	NW	BEAR LAKE			
15S	45E	18	SE	SE	BEAR LAKE			



9. **Remarks:**

10. **Other Water Rights:**

11. **Basis:**

Basis
License

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