

**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: 13-4276
Date Received: 2/14/2025
Receipt No: 79576
Claim Fee: \$25.00
Received By: CIA

RECEIVED

FEB 14 2025

IDWR/Preston

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day**

1. Name of Claimant(s)

CASSIE DANFORS TRUST
PO BOX 333
PRESTON ID 83263

Phone: (801) 598-0513

2. Date of Priority: 9/30/1917

3. Source:
SPRING

Trib. to:
BEAR CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
14S	40E	14	SW SW		FRANKLIN	

5. Description of diverting works:

Developed spring with collection tank. Water is piped to the home. This is a shared spring with multiple other homes.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

1 home and spigot by barn.

9. Place of use:

DOMESTIC within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
14S	40E	15	NE		SE		

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:

12. Remarks:

Priority Date Explanation:

This is the date that was claimed on the statutory claim. The home was built in 1910 and began using the spring around this time.

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 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 _____ CASSIE DANFORS 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 Cassie Danfors Date 2/14/2025

Printed Name of Authorized Agent Cassie Danfors