

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 11-7546

Date Received: 8/15/2023

Receipt No: T116950

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ITAFOS CONDA LLC	3010 CONDA ROAD	SODA SPRINGS	ID	UNITED STATES	83276

2. Date of Priority:

Date	Explanation
4/25/1967	Priority date was originally established under water right 27-2156, which was renumbered to water right 11-7546 in 2005 following IDWR moving the boundary line between basin 27 and basin 11 some years earlier.

3. Source:

Source	Tributary
GROUND WATER	
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
08S	42E	4	2	NW	NE	CARIBOU		
07S	42E	33		SE	SW	CARIBOU		

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

Water Use	Number Of Homes	Stock	Description
INDUSTRIAL			

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
INDUSTRIAL	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
INDUSTRIAL	6.68	3380.00	

Totals

CFS	AF	KW
6.68	3380.00	

8. Place of Use:

Water Use	Total Claimed Acreage
-----------	-----------------------

INDUSTRIAL								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
08S	42E	10	SW	NW	CARIBOU			
08S	42E	10	NW	NW	CARIBOU			
08S	42E	10	NW	SW	CARIBOU			
08S	42E	10	SW	SW	CARIBOU			



9. **Remarks:**

10. **Other Water Rights:**

11-2187 11-2188 11-7429 11-7547

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