

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: 11-2079
Date Received: 10/2/2023
Receipt No: P000465
Claim Fee: \$53.00
Received By: MB

RECEIVED

OCT 02 2023

IDWR/Preston

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JOY DELLENE RIGBY FAMILY TRUST
074 WARDBORO CEMETERY RD
MONTPELIER ID 83254-0357

Phone: (208) 540-0266

2. Date of Priority: 5/31/1921

3. Source:
SPRINGS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
12S	43E	12	SE SE		BEAR LAKE	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.02		
IRRIGATION	04/15	10/31	0.06		
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION and STOCKWATER and DOMESTIC within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	44E	18	SW		SW		3

Total Acres = 3

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:

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

_____ of Joy Delleone Rigby Living Trust
Agents Title (please print) Name of Organization (please print) Joy Delleone Rigby

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

11-2079

- Claim POD
- Claim POU
- QQ

