

**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: 11-7452
Date Received: 2/9/2023
Receipt No: P000011
Claim Fee: \$55
Received By: MB

RECEIVED

FEB 09 2023

IDWR/Preston

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

BLAINE RUPP
9600 N 7905 W
TREMONTON UT 84337

Phone: (435) 257-7333

2. Date of Priority: 4/4/2000

3. Source:

SPRING SINKS
SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
12S	43E	6	NE NE SE		BEAR LAKE	
12S	43E	6	SW NE SE		BEAR LAKE	

5. Description of diverting works:

excavated pond with no diversion to storage
Spring box piped to cabin. Spring flow to pond.

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		1.2
STOCKWATER	01/01	12/31	0.02		1.3
STOCKWATER STORAGE	01/01	12/31			0.3

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 2.8 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	43E	6	NE		SE		

STOCKWATER within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	43E	6	NE		SE		

STOCKWATER STORAGE within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	43E	6	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:

Domestic use is for 1 home.

Stockwater storage is for a pond.

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 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: 2/9/23

Date: _____