

**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

RECEIVED

FEB 13 2023

IDWR/Preston

Ident. Number: 11-7074
Date Received: 2/13/2023
Receipt No: P000019
Claim Fee: \$64.00
Received By: CA

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

1. Name of Claimant(s)

CODY ALLEN
PO BOX 547
SODA SPRINGS ID 83276

Phone: (208) 220-5509

AND/OR

ALISON ALLEN
PO BOX 547
SODA SPRINGS ID 83276

Phone: (208) 220-5509

2. Date of Priority: 11/12/1974

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
09S	42E	18	SW SE		CARIBOU	

5. Description of diverting works:

well with sub pump

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/15	10/31	0.18		42
STOCKWATER	1/01	12/31	0.02		0.4

7. Total Quantity Appropriated is:

0.2 C.F.S. and/or 42.4 A.F.A.

8. Non-irrigation uses:

14 ACERS
UP TO 20 HEAD OF STOCK

9. Place of use:

IRRIGATION within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	42E	18	SW		SE		14

Total Acres = 14

STOCKWATER within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	42E	18	SW		SE		

10. Do you own the property listed above as place of use? Yes

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 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: 2-13-23

Date: _____