

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 13-2282
Date Received: 2/4/2025
Receipt No: T120048

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JAMES RIDGE	P.O. BOX 1476	AFTON	WY	UNITED STATES	83110

2. Date of Priority:

Date	Explanation
4/7/1967	water right acquired with real estate purchase.

3. Source:

Source	Tributary
UNNAMED DRAIN	BEAR RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
15S	39E	17		SE	SE	FRANKLIN		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			flood irrigation.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4/01	10/31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	1.42	249.00	

Totals

CFS	AF	KW
1.42	249.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	71.00

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
15S	39E	17	NE	SW	FRANKLIN		20.00
15S	39E	17	SE	SW	FRANKLIN		5.00
15S	39E	17	NE	SE	FRANKLIN		1.00
15S	39E	17	NW	SE	FRANKLIN		31.00
15S	39E	17	SW	SE	FRANKLIN		14.00

Place of Use Map

9. Remarks:

10. Other Water Rights:

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