

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 13-2300
Date Received: 2/4/2025
Receipt No: T120043

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
GARY BROUGH	1400 CHAPARRAL DR	MESQUITE	NV	UNITED STATES	89027

2. Date of Priority:

Date	Explanation
8/26/1960	

3. Source:

Source	Tributary
UNNAMED STREAM	FAIRVIEW DRAIN

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
16S	39E	23		SW	NW	FRANKLIN		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION STORAGE			Irrigation storage and irrigation from storage
IRRIGATION FROM STORAGE			Irrigation from storage

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION STORAGE	4/01	11/01
IRRIGATION FROM STORAGE	4/01	11/01

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION STORAGE		71.20	
IRRIGATION FROM STORAGE		71.20	

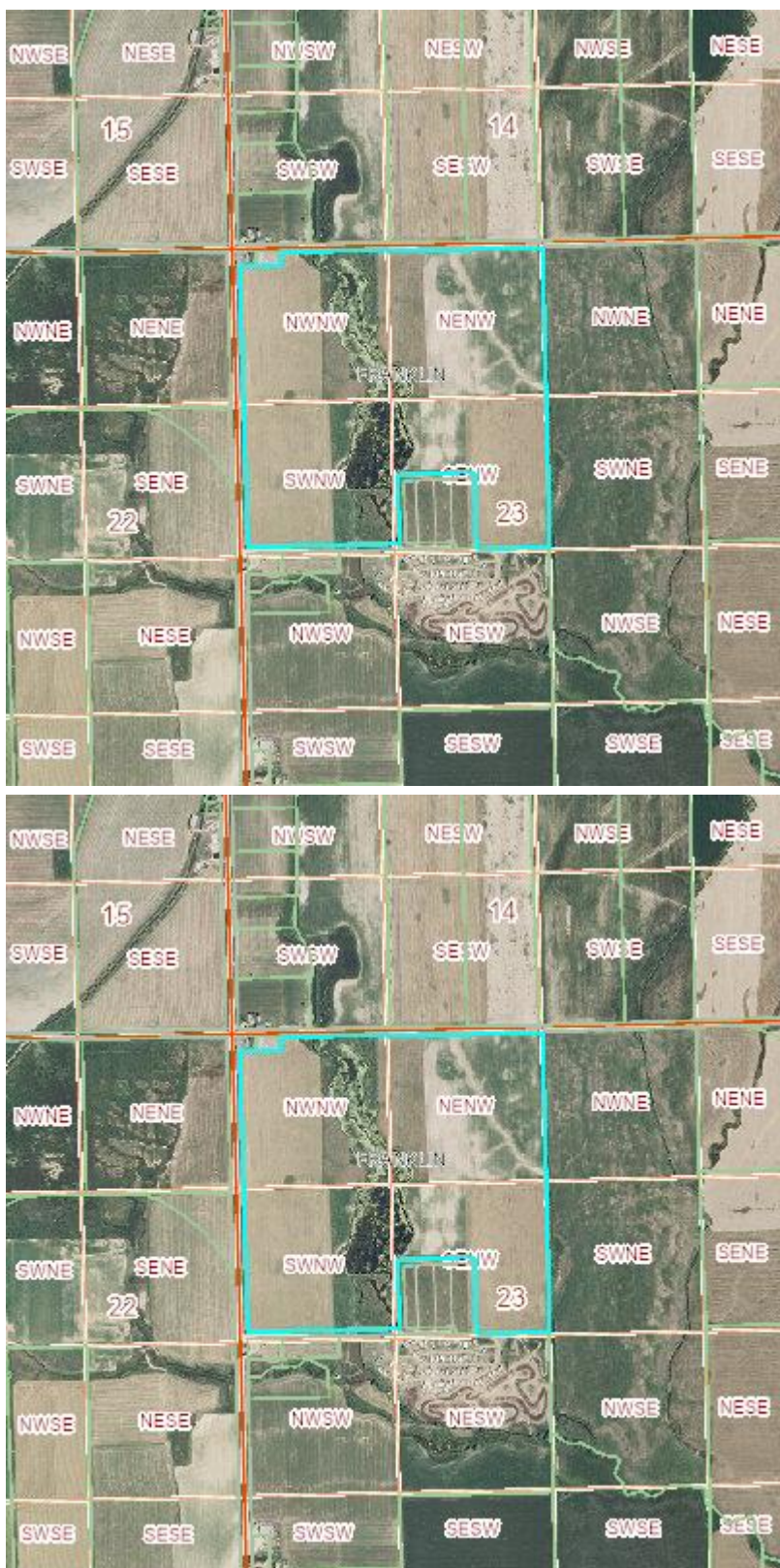
Totals

CFS	AF	KW
	142.40	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION STORAGE	130.00
IRRIGATION FROM STORAGE	131.00

IRRIGATION STORAGE							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
16S	39E	23	NE	NW	FRANKLIN		
16S	39E	23	NW	NW	FRANKLIN		
16S	39E	23	SW	NW	FRANKLIN		
16S	39E	23	SE	NW	FRANKLIN		
IRRIGATION FROM STORAGE							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
16S	39E	23	SW	NW	FRANKLIN		30.00
16S	39E	23	NW	NW	FRANKLIN		30.00
16S	39E	23	NW	NE	FRANKLIN		1.00
16S	39E	23	NE	NW	FRANKLIN		40.00
16S	39E	23	SE	NW	FRANKLIN		30.00



9. **Remarks:**

10. **Other Water Rights:**

13-2150 13-2266 13-0297 Shall not exceed 2.60 CFS, 3.5 AF/AC OR 445.0 AF/YR.

11. **Basis:**

Basis
Decreed

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