

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 13-253
Date Received: 2/3/2025
Receipt No: T120032

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LYLE PORTER	1447 E 800 N	PRESTON	ID	UNITED STATES	83263
TEREESA PORTER	1447 E 800 N	PRESTON	ID	UNITED STATES	83263

2. Date of Priority:

Date	Explanation
4/1/1871	Decreed

3. Source:

Source	Tributary
WORM CREEK	CUB RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
15S	39E	13		NE	SE	FRANKLIN		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			Irrigation

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.40	70.00	

Totals

CFS	AF	KW
0.40	70.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	20.20

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
15S	39E	13	NE	SE	FRANKLIN		
15S	39E	13	NW	SE	FRANKLIN		
15S	39E	13	SW	SE	FRANKLIN		20.00
15S	39E	13	SE	SE	FRANKLIN		0.20
15S	39E	24	NW	NE	FRANKLIN		



9. **Remarks:**

10. **Other Water Rights:**

I am a stockholder in Consolidated Irrigation Company. I also irrigate this parcel of land by rediverting Consolidated Irrigation Company water from this Point of Diversion in Worm Creek previously injected upstream, from an existing Point of Injection bel

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