

**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: 11-4079
Date Received: 2/14/2024
Receipt No: 7000745
Claim Fee: \$103.00
Received By: MB

RECEIVED

FEB 14 2024

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

IDWR/Preston

1. Name of Claimant(s)

MIKE B DERRICOTT & FAMILY TRUST
4706 HWY 36
LIBERTY ID 83254

Phone: (208) 945-2877

2. Date of Priority: 5/1/1902

3. Source:

SPRINGS
SPRINGS

Trib. to:

MILL CREEK
MILL CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
13S	42E	1	SE SE		BEAR LAKE	
13S	42E	1	SE NE		BEAR LAKE	

5. Description of diverting works:

Original ditch is now piped, water is used to sprinkle and flood irrigate the land.
Open ditch that goes to the pond and another ditch that goes around the irrigated land. Pipeline down the middle from the pond distributes water through the area. Both sprinkler and flood irrigation occurs.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/15	10/31	1.06		

7. Total Quantity Appropriated is:

1.06 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
13S	43E	6	SW		NW	5	30
13S	43E	6	NW		SW	6	21
13S	43E	6	NW		NW	4	2

Total Acres = 53

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:

See statutory claim. This is when the irrigation use first began from the sources.

13. Basis of Claim: Statutory Claim

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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

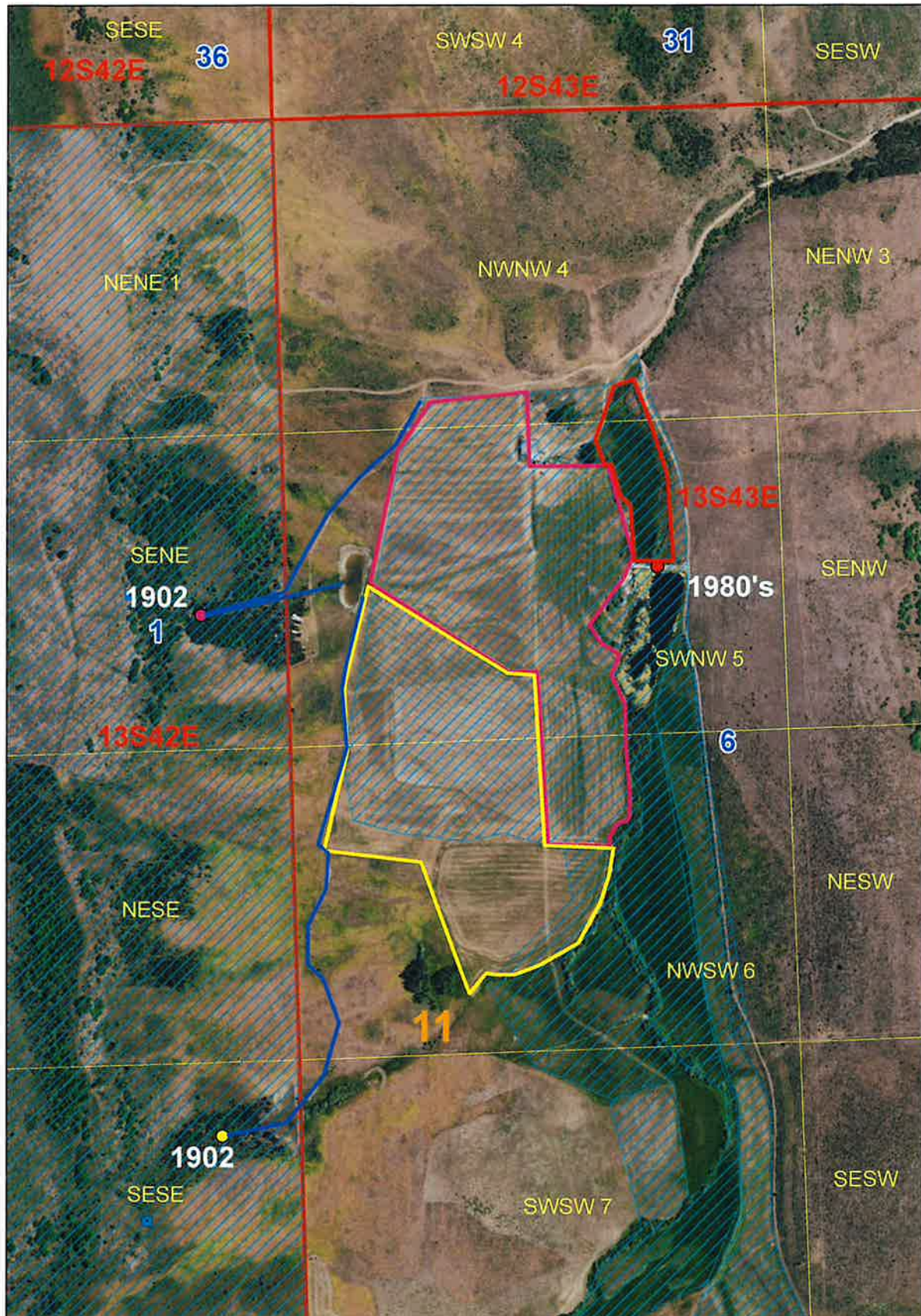
____ Trustee _____ of _____ Mike B Derricott & Family Trust _____,
Agents Title (please print) Name of Organization (please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent: Mike B Derricott Date 2/14/2024

Printed Name of Authorized Agent Mike Derricott

11-4079 Claim



Point of Diversions:  

Places of Use: _____