

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: 13-2165
Date Received: 4/25/2024
Receipt No: P000841
Claim Fee: \$50
Received By: MB

RECEIVED

APR 25 2024

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/Preston

1. Name of Claimant(s)

DOUGLAS L PORTER LIVING TRUST
1975 CLEMENS HILL RD
GRACE ID 83241

Phone: (208) 251-8456

2. Date of Priority: 10/2/1952

3. Source:
UNNAMED STREAM

Trib. to:
BEAR RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
11S	40E	13	SW SW		CARIBOU	

5. Description of diverting works:

Water is ditched onto the fields which are flood irrigated. Leftover water runs to the river if there is any.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	10/31	0.94		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within CARIBOU County

Township	Range	Section	¼	of ¼	Lot	Acres
11S	40E	13	SW	SW		2.5
11S	40E	23	NE	NE		1.8
11S	40E	24	NW	NW		20

Total Acres = 24.3

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:

Share water with Last Chance Canal

12. Remarks:

Priority Date Explanation:

This is the date given with the license.

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 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 Agents Title (please print)

Douglas L Porter Living Trust Name of Organization (please print)

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

Signature of Authorized Agent Doug L Porter Date 4/25/2024

Printed Name of Authorized Agent Douglas L Porter

State of Idaho
Department of Water Resources
Adjudication Claim
13-2165



0 0.05 0.1 0.2 Miles

-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters
-  Point of Diversion
-  State Outline

