

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: 13-7874
Date Received: 4/30/2024
Receipt No: P000850
Claim Fee: 75.00
Received By: MB

RECEIVED

APR 30 2024

IDWR/Preston

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

ALBERT SAYAD FAMILY TRUST
3202 W 2000 N
DAYTON ID 83232

Phone: (208) 747-3686

2. Date of Priority: 2/23/1965

3. Source:
DEEP CREEK

Trib. to:
BEAR RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
15S	39E	7	NW SE		FRANKLIN	

5. Description of diverting works:

Pump from deep creek and piped to property.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	11/01	0.42		87.5

7. Total Quantity Appropriated is:

0.42 C.F.S. and/or 87.5 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
15S	39E	7	SE		NW		1.7
15S	39E	7	NE		SW		2.5
15S	39E	7	NW		NW	1	1
15S	39E	7	SW		NW	2	18
15S	39E	7	NW		SW	3	1.8

Total Acres = 25

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:

Midway Water provides domestic water to house.

12. Remarks:

Priority Date Explanation:

This is the priority date for the license and use continues today.

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

Agents Title (please print)

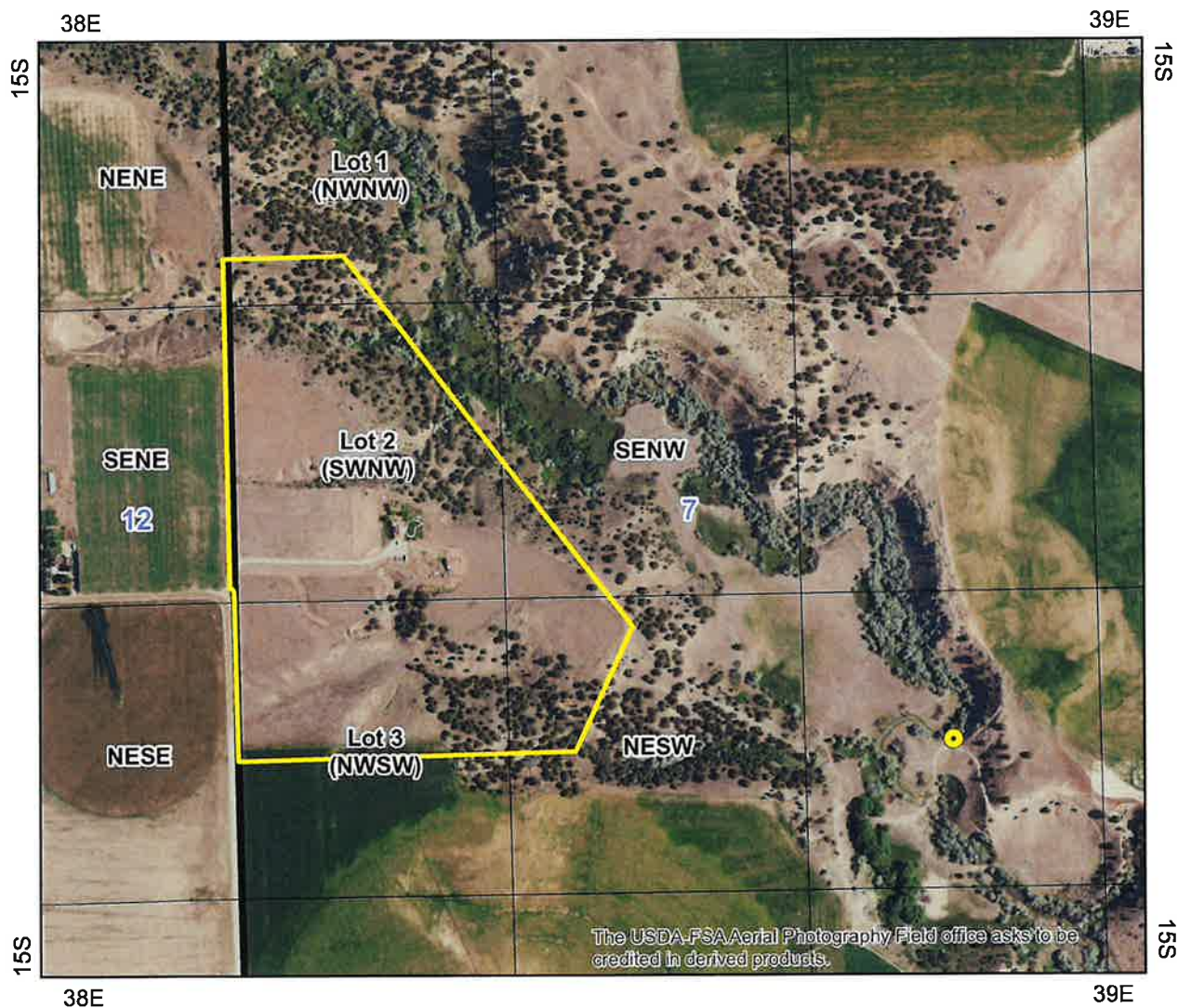
Name of Organization (please print)

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

Signature of Authorized Agent Sharon Sayad Date 04/30/2024

Printed Name of Authorized Agent Sharon Sayad

State of Idaho
Department of Water Resources
Adjudication Claim
13-7874



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