

**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: 13-8056
Date Received: 7/8/2024
Receipt No: P001008
Claim Fee: \$ 50.00
Received By: MB

RECEIVED

JUL 08 2024

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

IDWR/Preston

1. Name of Claimant(s)

KENNETH A HOLLINGSWORTH FAMILY TRUST
1488 E 2200 S
PRESTON ID 83263

Phone: (208) 851-0960

2. Date of Priority: 5/15/1888

3. Source:

SPRING CREEK

Trib. to:

CUB RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
16S	39E	1	SW SE		FRANKLIN	

5. Description of diverting works:

Headgate and ditched to property.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	4/01	11/01	0.02		7.7

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 7.7 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
16S	39E	12	NE		NE		1.3
16S	39E	12	NW		NE		17

Total Acres = 18.3

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:

13-8055, 13-8057, 13-8059

12. Remarks:

Priority Date Explanation:

This is the date given on the decree. This water use continues to this day. The water has always been diverted from the claimed location.

13. Basis of Claim: Decreed

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 _____ KENNETH A HOLLINGSWORTH 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 Kenneth Hollingsworth Date July 5

Printed Name of Authorized Agent Kenneth Hollingsworth

Claim 13-8055, 13-8056, 13-8057, 13-8059



POD ●
Ditch —
POU —

0 0.015 0.03 0.06 0.09 0.12 Miles

