

**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

RECEIVED

NOV 12 2024

IDWR/Preston

Ident. Number: 15-4205
Date Received: 11/12/2024
Receipt No: P001556
Claim Fee: \$25.00
Received By: CG

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day**

1. Name of Claimant(s)

FLYING R TRUST
3849 W 1000 N
MALAD CITY ID 83252-6583

Phone: (208) 766-3936

2. Date of Priority: 3/1/1881

3. Source:

SPRINGS INDIAN MILL CREEK
SPRINGS INDIAN MILL CREEK

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
12S	35E	17	NW SE NW		ONEIDA	
12S	35E	17	NE SW NW		ONEIDA	

5. Description of diverting works:

Springs are piped into cistern then pumped to house and coral.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.04		
STOCKWATER	1/01	12/31	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

250 head of cattle.
One home, lawn and garden.

9. Place of use:

DOMESTIC within ONEIDA County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	35E	17	SW		NW		
12S	35E	17	SE		NW		

STOCKWATER within ONEIDA County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	35E	17	SW		NW		
12S	35E	17	SE		NW		

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:

15-4204

12. Remarks:

Priority Date Explanation:

This is date people started using the water for drinking and stock.

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 _____ FLYING R 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 Ronald T Blaisdell Date 11-12-24

Printed Name of Authorized Agent _____ Ronald Blaisdell _____