

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: 11-7818
Date Received: 9/28/2023
Receipt No: P000460
Claim Fee: \$54.00
Received By: JW

RECEIVED

SEP 28 2023

IDWR/Preston

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

THE IRENE COTTLE CLOW TRUST
1343 E 2550 N
NORTH OGDEN UT 84414

Phone: (801) 628-2600

2. Date of Priority: 5/1/1864

3. Source:

PARIS CREEK

Trib. to:

BEAR LAKE OUTLET

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
14S	43E	9	SE NE		BEAR LAKE	

5. Description of diverting works:

EASY ACCESS POINT FOR PUMP IN THE CREEK TO SPRINKLE WITH HOSE LINE.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/15	10/31	0.17		

7. Total Quantity Appropriated is:

0.17 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
14S	43E	9	SE		NE		3.5

Total Acres = 3.5

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 DECREE.

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1-MAP

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

Vincent Clow of Irene Cottle Clow 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 Vincent Clow Date 9-28-23

Printed Name of Authorized Agent VINCENT C CLOW

NOTICE OF CLAIM FOR THE IRENE COTTLE CLOW TRUST

