

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: 11-7728
Date Received: 5/10/23
Receipt No: P000244
Claim Fee: \$101.00
Received By: MB

RECEIVED

MAY 10 2023

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/Preston

1. Name of Claimant(s)

JENORA LLC OF UTAH
3291 N RIVER DR
EDEN UT 84201

Phone:

2. Date of Priority: 5/1/1884

3. Source:

EIGHTMILE CREEK

Trib. to:

BEAR RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
10S	42E	3	NW NW SW		BEAR LAKE	

5. Description of diverting works:

Electric pump, pipeline with an inline measuring device and sprinkler system. The power box for the pump will be lockable.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/20	09/30	0.1		

7. Total Quantity Appropriated is:

0.1 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
10S	42E	4	NE		NE		7.6
10S	42E	4	SE		NE		40
10S	42E	4	NE		SE		3

Total Acres = 50.6

10. Do you own the property listed above as place of use? Yes ☒ No ()

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:

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: 1

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

Agent of TENORA LLC OF UTAH
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  Date 9.6.23

Printed Name of Authorized Agent Chuck Schvanereldt

