

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

FEB 28 2025

IDWR/Preston

Ident. Number: 13-7654
Date Received: 2/28/2025
Receipt No: P001903
Claim Fee: \$25.00
Received By: m?

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)

BRET S & JODY RASMUSSEN REVOCABLE TRUST
6852 N 5600 E
PRESTON ID 83263

Phone: (208) 221-4294

2. Date of Priority: 2/13/1889

3. Source:
UNNAMED SPRING

Trib. to:
MINK CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
14S	40E	11	SE SW		FRANKLIN	

5. Description of diverting works:

Stock drink directly from the pond.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

50 head of mixed stock.

9. Place of use:

STOCKWATER within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
14S	40E	11	SE		SW		

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:

To the best of my knowledge this is when the spring was first developed based on the homestead date for the property. The spring was further developed around 2005 for better stock access. The pond has a maximum depth of 8-10ft and stock drink directly from it.

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 _____ Bret & Jody Rasmussen Revocable 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 _____ Date _____ 2/28/2025 _____

Printed Name of Authorized Agent _____ Bret Rasmussen _____