

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 11-7512
Date Received: 10/30/2024
Receipt No: T119257

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CITY OF SODA SPRINGS	9 WEST 2ND SOUTH	SODA SPRINGS	ID	UNITED STATES	83276

2. Date of Priority:

Date	Explanation
6/1/1954	

3. Source:

Source	Tributary
LEDGER CREEK	BEAR RIVER
LEDGER CREEK	BEAR RIVER
LEDGER CREEK	BEAR RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
09S	42E	29		NW	NE	CARIBOU		
09S	42E	17		NE	NW	CARIBOU		
09S	42E	17		NE	SW	CARIBOU		

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
IRRIGATION			

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	04/01	11/01

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	3.06		

Totals

CFS	AF	KW
3.06		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	267.00

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
09S	42E	19	SE	NE	CARIBOU		20.00
09S	42E	19	NE	SE	CARIBOU		40.00
09S	42E	20	SW	NE	CARIBOU		37.00
09S	42E	20	NW	SW	CARIBOU		40.00
09S	42E	20	SE	SW	CARIBOU		30.00
09S	42E	20	NW	SE	CARIBOU		15.00
09S	42E	20	SW	SE	CARIBOU		15.00
09S	42E	20	NE	SW	CARIBOU		30.00
09S	42E	29	NW	NE	CARIBOU		40.00



9. **Remarks:**

Property was transferred to the City of Soda Springs on May 2, 2024 from Nu-West Industries.

10. Other Water Rights:

11-7480 11-7479 11-9129 11-9130

11. Basis:

Basis
Statutory Claim

12. **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 Water System 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 Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am _____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name