

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 11-7880
Date Received: 7/24/2023
Receipt No:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DIAMOND 2 RANCHES L.L.C.	1250 RAYMOND RD	GENEVA	ID	UNITED STATES	83238

2. Date of Priority:

Date	Explanation
10/12/1960	

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
13S	46E	15		SE	SW	BEAR LAKE		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			Ground water pumped from well to north 1/2 pivot.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4/15	10/31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.33		

Totals

CFS	AF	KW
0.33		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	80.60

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
13S	46E	15	NE	SW	BEAR LAKE		1.40
13S	46E	15	NE	NW	BEAR LAKE		1.80
13S	46E	15	SE	NW	BEAR LAKE		27.00
13S	46E	15	NW	SE	BEAR LAKE		0.40
13S	46E	15	NW	NE	BEAR LAKE		22.00
13S	46E	15	SW	NE	BEAR LAKE		28.00



9. **Remarks:**

10. **Other Water Rights:**

11-7536 11-7534 11-7538 11-7540 11-7155

11. **Basis:**

Basis
License

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