

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 11-7155
Date Received: 7/22/2023
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
12/11/1978	

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			

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	2.85	543.00	

Totals

CFS	AF	KW
2.85	543.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	243.00

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acre
13S	46E	15	NE	SW	BEAR LAKE		40.00
13S	46E	15	NE	NW	BEAR LAKE		9.90
13S	46E	15	SW	SW	BEAR LAKE		24.00
13S	46E	15	SE	NW	BEAR LAKE		25.00
13S	46E	22	NW	NW	BEAR LAKE		0.10
13S	46E	15	SE	SW	BEAR LAKE		38.00
13S	46E	15	NW	SW	BEAR LAKE		1.00
13S	46E	15	NW	SE	BEAR LAKE		29.00
13S	46E	15	NW	NE	BEAR LAKE		25.00
13S	46E	15	SW	SE	BEAR LAKE		23.00
13S	46E	15	SW	NE	BEAR LAKE		28.00

Place of Use Map

9. Remarks:

10. Other Water Rights:

We pump this water from the well to our full pivot and our half pivot. We also run some wheel line sprinklers.

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