

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 11-7770

Date Received: 11/21/2023

Receipt No: T117389

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
TYLER SAXTON	1798 LANARK ROAD	OVID	ID	USA	83254

2. Date of Priority:

Date	Explanation
6/1/1940	Previous owner's (Merlin Parker) dad developed the spring circa 1940 to water cattle. It includes a large vertical pipe, feeding a surface trough.

3. Source:

Source	Tributary
UNNAMED SPRINGS	SINKS

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
13S	43E	17		NE	SE	BEAR LAKE		

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

Water Use	Number Of Homes	Stock	Description
STOCKWATER		Cattle	Water 20-60 cows and calves with spring that feeds tank and trough

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.01		

Totals

CFS	AF	KW
0.01		

8. Place of Use:

Water Use	Total Claimed Acreage
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STOCKWATER								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
13S	43E	17	NE	SE	BEAR LAKE			



9. **Remarks:**

10. **Other Water Rights:**

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