

**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: 13-7422
Date Received: 1/28/2025
Receipt No: 700176
Claim Fee: \$51
Received By: MB

RECEIVED

JAN 28 2025

IDWR/Preston

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

ROSS AND LEONE SMITH REVOCABLE TRUST
14416 N HWY 34
THATCHER ID 83283

Phone: (208) 427-6227

2. Date of Priority: 8/30/1984

3. Source:
SPRING

Trib. to:
WILLIAMS CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
12S	41E	20	SW SW		FRANKLIN	

5. Description of diverting works:

Water right was originally diverted from a spring. Now, the spring water flows into Williams Creek and we divert directly from Williams Creek to the pond through a pipeline and an open ditch. Water flows through the pond and back into the creek.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
RECREATION STORAGE	01/01	12/31			0.1

7. Total Quantity Appropriated is:

C.F.S. and/or 0.1 A.F.A.

8. Non-irrigation uses: Recreation storage for a small pond.

9. Place of use:

RECREATION STORAGE within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	41E	19	SE		SE		

10. Do you own the property listed above as place of use? Yes

11. Other Water Rights Used: None.

12. Remarks:

Priority Date Explanation:

Priority date from license.

Use of water under this right shall be non-consumptive.

Source known locally as Ed Jensen's Spring.

13. Basis of Claim: License

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 X 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 Ross & Leone Smith 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 A. M. Rose Smith Date 3/20/2025

Printed Name of Authorized Agent _____

BRBA Claim 13-7422



Legend

- Claim POD
- ▨ Claim POU
- Township/Range
- Sections
- QQ

