

**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: 13-294
Date Received: 3/31/2025
Receipt No: 001965
Claim Fee: \$111
Received By: CA

RECEIVED

MAR 31 2025

IDWR/Preston

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

1. Name of Claimant(s)

NELSON FARM LLC
5433 S 800 E
PRESTON ID 83263

Phone: (208) 380-0790

2. Date of Priority: 8/30/1960

3. Source:

WORM CREEK

Trib. to:

CUB RIVER

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
16S	39E	23	SE SE		FRANKLIN	

5. Description of diverting works:

Open ditch to pump to mainline to field.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	4/01	11/01	1		214

7. Total Quantity Appropriated is:

1 C.F.S. and/or 214 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
16S	39E	23	SE		NE		1.3
16S	39E	23	NE		SE		39
16S	39E	23	SE		SE		17

Total Acres = 57.3

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:
13-324.

12. Remarks:

Priority Date Explanation:

This is the date given on the decree. This use continues to this day. Claimed place of use is where irrigation has always taken place.

THIS RT. WHEN COMBINED WITH RT. 13-0324 SHALL PROVIDE NO MORE THAN 1.0 CFS, 3.5 AF/AC OR 214.0 AF/YR.

13. Basis of Claim: Decreed

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 _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

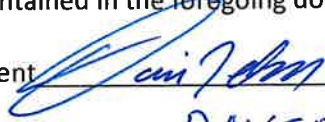
For Organizations:

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

____ Member _____ of _____ NELSON FARM LLC _____,
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



Date

3-31-2025

Printed Name of Authorized Agent

DAVID NELSON

Claim 13-294



POD ●
PUMP ●
POU —
MAINLINE —

