

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 13-4236
Date Received: 9/30/2024
Receipt No:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RINLESBACH FAMILY FARMS LLC	5013 S 2400 W	WESTON	ID	UNITED STATES	83286

2. Date of Priority:

Date	Explanation
5/15/1935	

3. Source:

Source	Tributary
BEAR RIVER	GREAT SALT LAKE

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
16S	39E	20		SW	SE	FRANKLIN		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION STORAGE			irrigation storage
IRRIGATION FROM STORAGE			irrigation from storage

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION STORAGE	5/15	11/15
IRRIGATION FROM STORAGE	5/15	11/15

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION STORAGE		60.00	
IRRIGATION FROM STORAGE		60.00	

Totals

CFS	AF	KW
	120.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION STORAGE	21.40
IRRIGATION FROM STORAGE	19.00

IRRIGATION STORAGE							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
16S	39E	20	SE	NW	FRANKLIN		
16S	39E	20	NW	SW	FRANKLIN		
16S	39E	20	NE	SW	FRANKLIN		
IRRIGATION FROM STORAGE							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
16S	39E	20	NE	SW	FRANKLIN		19.00



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