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 13-7389
Date Received: 10/14/2024
Receipt No: T119176

1. **Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS	50 E. NORTH TEMPLE STREET	SALT LAKE CITY	UT	UNITED STATES	84150-0012

2. **Date of Priority:**

Date	Explanation
5/24/1983	

3. **Source:**

Source	Tributary
GROUND WATER	

4. **Point of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
16S	38E	24		SE	NW	FRANKLIN		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			Pressurized Sprinkler Irrigation

6. **Season(s) of Use:**

Water Use	From Month/Day	To Month/Day
IRRIGATION	04/01	10/31

7. **Quantity:**

Water Use	CFS	AF	KW
IRRIGATION	2.50	1570.80	

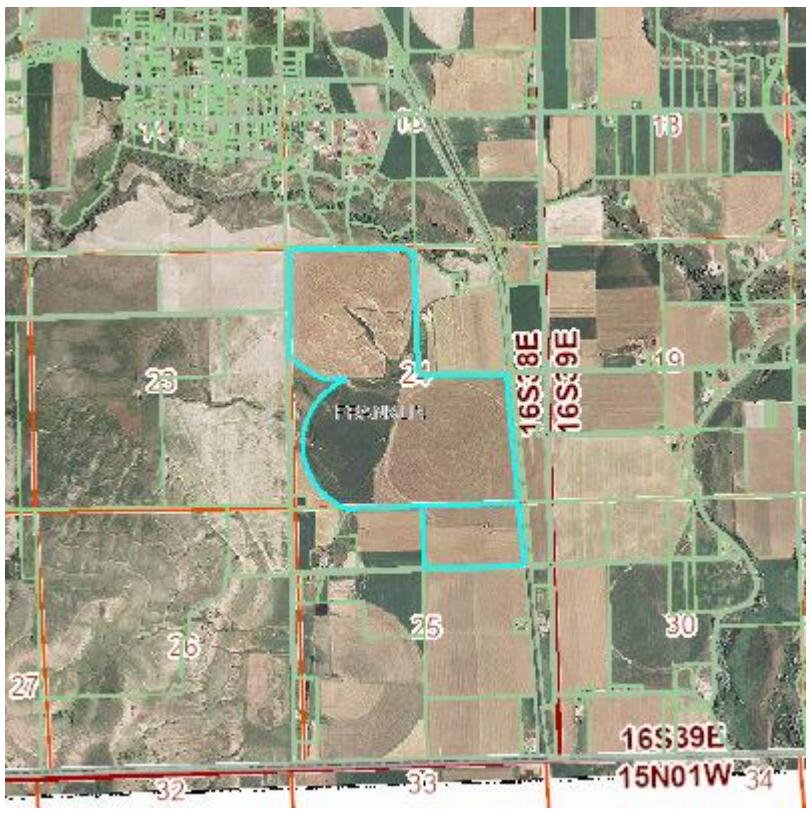
Totals

CFS	AF	KW
2.50	1570.80	

8. **Place of Use:**

Water Use	Total Claimed Acreage
IRRIGATION	448.80

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
16S	38E	24	NE	NW	FRANKLIN		38.00
16S	38E	24	NW	NW	FRANKLIN		40.00
16S	38E	24	SW	NW	FRANKLIN		37.00
16S	38E	24	SE	NW	FRANKLIN		30.00
16S	38E	24	NE	SW	FRANKLIN		39.00
16S	38E	24	SE	SW	FRANKLIN		40.00
16S	38E	24	NE	SE	FRANKLIN		16.00
16S	38E	24	NW	SE	FRANKLIN		40.00
16S	38E	24	SW	SE	FRANKLIN		40.00
16S	38E	24	SE	SE	FRANKLIN		18.00
16S	38E	24	NW	SW	FRANKLIN		23.20
16S	38E	24	SW	SW	FRANKLIN		26.60
16S	38E	25	NE	NE	FRANKLIN		21.00
16S	38E	25	NW	NE	FRANKLIN		40.00



9. **Remarks:**

10. **Other Water Rights:**

    13-7735, West Cache Irrigation Company Shares

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

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