

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

Claim ID: 13-4082

Date Received: 4/28/25

Receipt No: 7001999

Claim Fee: \$77.00 By: MB

RECEIVED

APR 28 2025

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/Preston

Please type or print clearly

- Name of claimant(s) BRANDON ROBERTS Phone (208) 869-6622
Mailing address 325 E. 600 S. #100 Preston ID Zip 83263
Street or Box City State
Email address (optional) BRANDON@TRICORPROPERTIES.COM
- Date of priority: (Only one per claim) 1/1/1928 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (X) (a) SPRING
which is tributary to (b) BEAR RIVER
- a. Location of point of diversion is: Township 15 S, Range 39 E, Section 21,
SW 1/4 of SW 1/4, Govt. Lot _____, BM, County of _____
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range E, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
- Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.
Stream is diverted with a pipe to a pond
and then used for irrigation of 25 acres farm
and 5 acres of yards. Stream has been piped 1960's

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD)

(cfs)

(acre-feet)

For _____ purposes from _____ to _____ amount _____ or _____

For Stockwater purposes from 1/1 to 12/31 amount .02 or _____

For Farm Irrigation purposes from MARCH 1 to NOV 1 amount .30 or _____

For _____ purposes from _____ to _____ amount _____ or _____

ALL OF THE
stream
"
"

7. Total quantity claimed (a) .30185 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) _____

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
15	39E	28						12											12
15	39	21											15						15
		24											S						

From
grass

Parcel no(s). _____ Total number of acres irrigated 27

10. In which county(ies) are lands listed above as place of use located? Franklin

11. Do you own the property listed above as place of use? Yes (☒) No (☐)

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

12. Describe any other water rights used at the same place and for the same purposes as described above.

13-4083 or None (☐)

13. Remarks (Include an explanation of the priority date selected):

FULL stream HAS BEEN PIPED AND DIVERTED FOR
IRRIGATION SINCE THE 1960

JUNK YARD SPRINK WATER RIGHT # 13-4083

13-4082

(SEE ATTACHMENTS)

Name of claimant(s) _____ Claim ID _____

Scale: 2 inches equals 1 mile

[illegible]

Claim ID _____

See Attachment
Google maps

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant Statutory Claim (X)

If applicable provide IDWR Water Right Number # 13-4082 + 134083

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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) [Signature] Date: 2/26/25

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Agent's title (Please print) of _____
Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

13-4082

