

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 13-7583
Date Received: 6/26/2024
Receipt No: T118543

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
BRENT PORTER	5151 TAPPAN FALLS DRIVE	IDAHO FALLS	ID	UNITED STATES	83406

2. Date of Priority:

Date	Explanation
8/7/2000	proof acknowledgement letter from Idaho DWR 10/20/2000

3. Source:

Source	Tributary
SPRING	WORM CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
15S	40E	11		NW	SE	FRANKLIN		

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		Cabin use. Water is hauled from spring to cabin.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.02	0.60	

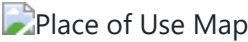
Totals

CFS	AF	KW
0.02	0.60	

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
15S	40E	12	SE	NW	FRANKLIN		



9. Remarks:

I did own the land at the point of Diversion in 2000 , but since that time the land has been divided and The point of diversion is now owned by David Porter of Preston. I have an road easement to the point of diversion now.

10. Other Water Rights:

Spring is also used a a stock watering pong for David Porter.

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