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 13-279
Date Received: 7/8/2025
Receipt No: T122019

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

Name	Address	City	State	Country	Postal Code
THE LYLE AND SUSAN GOODSELL LIVING TRUST	1265 N 1600 E	PRESTON	ID	UNITED STATES	83263
SUSAN GOODSELL	1265 N 1600 E	PRESTON	ID	UNITED STATES	83263

2. **Date of Priority:**

Date	Explanation
6/1/1881	

3. **Source:**

Source	Tributary
WORM CREEK	CUB RIVER

4. **Point of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
15S	40E	18	2	SW	NW	FRANKLIN		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			

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

Water Use	From Month/Day	To Month/Day
IRRIGATION	4/01	11/01

7. **Quantity:**

Water Use	CFS	AF	KW
IRRIGATION	0.04	3.50	

Totals

CFS	AF	KW
0.04	3.50	

8. **Place of Use:**

Water Use	Total Claimed Acreage
IRRIGATION	1.00

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
15S	40E	18	SW	NW	FRANKLIN	2	1.00

9. **Remarks:**

10. **Other Water Rights:**

11. **Basis:**

Basis
Decreed

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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