

**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: 11-2103
Date Received: 2/19/2025
Receipt No: T120183
Claim Fee: \$190.00
Received By: _____

RECEIVED

SEP 18 2025

Amended

IDWR/Preston

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

KADE LUSK
1657 REED LN
SODA SPRINGS ID 83276-5434

Phone: (208) 251-8802

2. Date of Priority: 2/20/1952

3. Source:
WASTE WATER

Trib. to:
BEAR RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
09S	41E	9	SE NW		CARIBOU	

5. Description of diverting works:

One point of diversion at a concrete collector with 3hp pump for stockwater troughs. One point of diversion from pipe opening collecting at roadside before the culvert; open pit for stockwater.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	5 /1	10/1	0.14		
Stockwater	1/1	12/31	0.04		

7. Total Quantity Appropriated is:

0.14 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

50 range cattle.

9. Place of use:

IRRIGATION within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	41E	4	SW		SW		10
09S	41E	4	SE		SW		2.6
09S	41E	9	SW		NE		7.7
09S	41E	9	NE		NW		13
09S	41E	9	NW		NW		38
09S	41E	9	SW		NW		37
09S	41E	9	SE		NW		11
09S	41E	9	NE		SW		6.3
09S	41E	9	NW		SW		13
09S	41E	9	NW		SE		0.4

Total Acres = 139

10. Do you own the property listed above as place of use? Yes

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

11. Other Water Rights Used:

Shares in Farmers Land and Irrigation.

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: License

14. Signature(s)

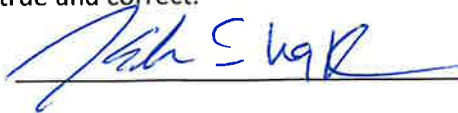
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the BEAR River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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:

Sept 18, 25

Date: