

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: 15-2026
Date Received: 10/14/2025
Receipt No: P002136
Claim Fee: \$68.00
Received By: MB

RECEIVED

OCT 14 2025

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/Preston

1. Name of Claimant(s)

VARSEL CHRISTOPHERSEN
329 N 100 W
MALAD ID 83252

Phone: (208) 766-2944

AND/OR

SOUTH SIDE WATER CO

MALAD CITY ID

329 N 100 W
Malad ID 83252

Phone:

AND/OR

VANCE B KING
32 S DEPOT RD
MALAD ID 83252

Phone: (801) 698-5432

AND/OR

KIMBERLY KING
32 S DEPOT RD
MALAD ID 83252

Phone: (801) 698-5432

2. Date of Priority: 4/16/1941

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
14S	36E	28	SE NE		ONEIDA	

5. Description of diverting works:

Well for irrigation and stockwater

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	01/01	12/31	3		
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

20 horses

9. Place of use:

IRRIGATION within ONEIDA County

Township	Range	Section	¼	of	¼	Lot	Acres
14S	36E	28	SW		NE		2.2
14S	36E	28	SE		NE		5.1
14S	36E	28	NE		SE		2.8
14S	36E	28	NW		SE		7.8

Total Acres = 17.9

STOCKWATER same as IRRIGATION

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:

none.

12. Remarks:

Priority Date Explanation:

This is the licensed date.

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: _____

_____ Date: _____

For Organizations:

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

DWER of SOUTHSIDE WATER CO.
Agents Title (please print) Name of Organization (please print)

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

Signature of Authorized Agent Vance B. King Date 10/14/25

Printed Name of Authorized Agent VANCE B KING