

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 13-4260
Date Received: 10/25/2025
Receipt No: T123757

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN AND ARLENE WARBURTON	149 E. 1ST N	FRANKLIN	ID	UNITED STATES	83237

2. Date of Priority:

Date	Explanation
4/1/1916	The spring was filed on by an early family ancestor in 1916, Hyrum Jepsen. Known as Hyrum's spring.

3. Source:

Source	Tributary
SPRING	MINK CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
14S	40E	13		SE	NW	FRANKLIN		

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		Culinary use and garden/orchard
IRRIGATION			
STOCKWATER		Cattle	Yearly water use for watering livestock Cattle and horses

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1/01	12/31
IRRIGATION	4/01	11/01
STOCKWATER	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04		
IRRIGATION	0.60		
STOCKWATER	0.13		

Totals

CFS	AF	KW
0.77		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	30.00

DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
14S	40E	13	SE	NW	FRANKLIN		
14S	40E	13	NE	NW	FRANKLIN		
IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
14S	40E	13	NE	NW	FRANKLIN		25.00
14S	40E	13	SE	NW	FRANKLIN		5.00
STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
14S	40E	13	SE	NW	FRANKLIN		
14S	40E	13	NE	NW	FRANKLIN		



9. **Remarks:**

10. **Other Water Rights:**

None

11. **Basis:**

Basis
Statutory Claim

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