

**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: 11-7127
Date Received: 1/2/2024
Receipt No: P000709
Claim Fee: \$69.00
Received By: _____

RECEIVED

APR 14 2026

Amended

IDWR/Preston

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

1. Name of Claimant(s)

CITY OF SODA SPRINGS
9 W 2ND S
SODA SPRINGS ID 83276-1509

Phone: (208) 547-2600

2. Date of Priority: 7/21/1977

3. Source:
UNNAMED STREAM

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
09S	42E	5	SE SW		CARIBOU	

5. Description of diverting works:

Stream is captured in small pond, then pumped into underground sprinkler system.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	11/01	0.38		57

7. Total Quantity Appropriated is:

0.38 C.F.S. and/or 57 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	42E	5	SE		SW		1912

Total Acres = 1912

10. Do you own the property listed above as place of use? No

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

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:
Water right license.

This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for irrigation of the lands above.

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 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

Director of city Services of City of Soda Spring
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 [Signature] Date 4/14/26

Printed Name of Authorized Agent Dan Squires

11-7127 Amended Map



Place of use

DS