

**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**

RECEIVED

FEB 07-2025

CIVIL CASE NUMBER: 79576

Claim ID: 13-2252

Date Received: 2/7/2025

Receipt No: Pool 845

Claim Fee: \$319 By: MB

IDWR/Preston

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

Please type or print clearly

1. Name of claimant(s) West Valley Farms, LLC Phone (208) 851-3569
Mailing address c/o Wesley Beutler, 812 N. 4200 W. Weston Idaho Zip 83263
Street or Box City State
Email address (optional) gwbeut@gmail.com
2. Date of priority: (Only one per claim) 9/26/1962 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (☒) (a) Unnamed Drain
which is tributary to (b) Worm Creek
4. a. Location of point of diversion is: Township 16S., Range 39E., Section 10,
SW 1/4 of SE 1/4, Govt. Lot _____, BM, County of Franklin
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.

Pump into mainlines.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Irrigation purposes from 4/1 to 10/31 amount 0.31 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.31 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) _____

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
16s	38E	10			40				22	40	40	31	28	29			39		269

Parcel no(s) _____ Total number of acres irrigated 269

10. In which county(ies) are lands listed above as place of use located? Franklin

11. Do you own the property listed above as place of use? Yes (☒) No (☐)
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

Consolidated Irrigation Company and Cub River Irrigation Company water; 13-2267 or None (☐)

13. Remarks (Include an explanation of the priority date selected):

This right is limited to the irrigation of 138 acres within the above PPOU of 269 acres.
PPOU is irrigated with: 13-2252, 13-2267, Consolidated Irrigation Co., and Cub River Irrigation Co. water.

Name of claimant(s) West Valley Farms, LLC

Claim ID _____

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License () Permit () Decree (☒)

Court District Court Decree Date May 21, 1981 Plaintiff v. Defendant Worm Creek Decree (1981)

If applicable provide IDWR Water Right Number 13-2252

15. **Signature(s)**

- (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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: 1

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: _____

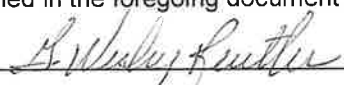
For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Member _____ of West Valley Farms, LLC

Agent's 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  Date 2/7/2025

Printed Name of Authorized Agent Wesley Beutler

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) Robert L. Harris, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature  Date 2/7/2025

Address HKHC, P.O. Box 50130, Idaho Falls, ID 83402

Name of claimant(s) West Valley Farms, LLC

Claim ID _____

Legend

- 13-2252&2267POD
- 13-2252&2267POU
- Rivers_streams
- TR Lines_2014
- Section Lines_2014
- Quarter Quarters_2014

2021 AERIAL PHOTO

0 0.1 0.2 0.4 Miles