

**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: 15-7286
Date Received: 9/15/2026
Receipt No: PO02257
Claim Fee: \$25
Received By: MB

RECEIVED

SEP 15 2026

IDWR/Preston

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

For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

PAUL & KAREN TUBBS FAMILY TRUST
1905 W SARMARIA RD
MALAD CITY ID 83252

Phone: (208) 220-3197

2. Date of Priority: 1/1/1940

3. Source:

WATER CANYON SPRING

Trib. to:

WATER CANYON CREEK

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
15S	35E	36	NW SE		ONEIDA	

5. Description of diverting works:

Water flows from the spring through a pipe to the trough.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
STOCKWATER	01/01	12/31	0.23		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

30 head of cattle.

9. Place of use:

STOCKWATER within ONEIDA County

Township	Range	Section	¼	of	¼	Lot	Acres
15S	35E	25	NW		SE		

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:

Beneficial use for stockwater began on this date.

13. Basis of Claim: Statutory Claim

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

_____ Representative _____ of _____ Paul & Karen Tubbs Family Trust _____,	
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 Paul E Tubbs Date 15 Sept 26

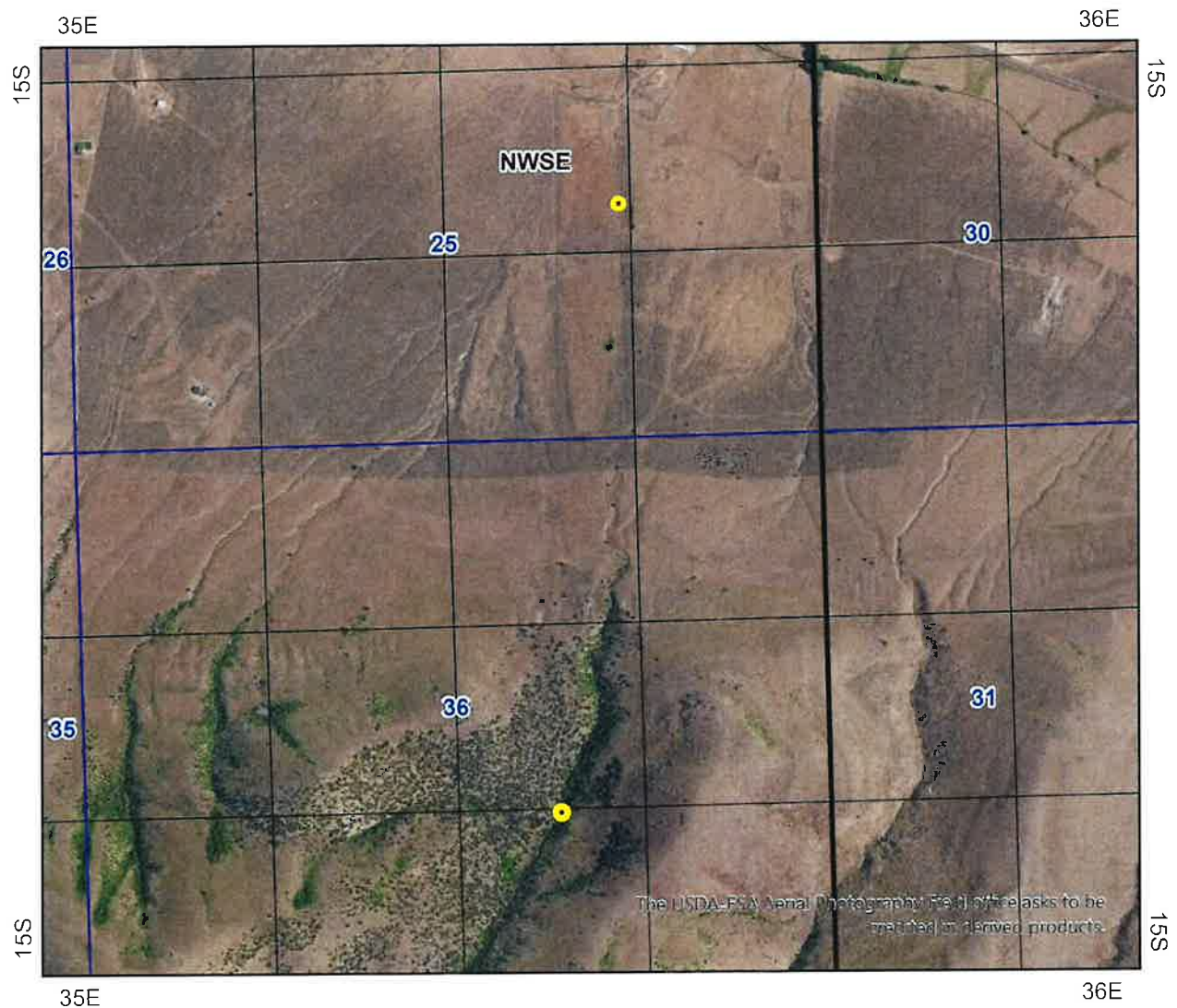
Printed Name of Authorized Agent Paul E Tubbs

State of Idaho
Department of Water Resources
Adjudication Claim

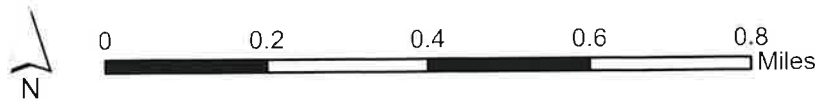
15-7547

(STOCKWATER)

PAUL & KAREN TUBBS FAMILY TRUST



- Point of Diversion
- Place Of Use Boundary
- State Outline
- Townships
- Sections
- Quarter Quarters



Imagery: 2021 Aerial Photography
Prepared By brent.bonney