

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 11-7786

Date Received: 9/12/2023

Receipt No: T117041

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LORI STEPHENSON	2708 N 270 E	NORTH LOGAN	UT	UNITED STATES	84341

2. Date of Priority:

Date	Explanation
4/7/2014	Date of official filing.

3. Source:

Source	Tributary
SPRINGS	SINKS

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
16S	45E	16		NW	SE	BEAR LAKE		

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

Water Use	Number Of Homes	Stock	Description
STOCKWATER		Cattle	Spring box. Ground water trough and resevoir.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.02		

Totals

CFS	AF	KW
0.02		

8. Place of Use:

Water Use	Total Claimed Acreage
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STOCKWATER								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
16S	45E	16	NW	SE	BEAR LAKE			



9. **Remarks:**

Purpose of refiling is to keep my filed water right.

10. **Other Water Rights:**

11. **Basis:**

Basis
License

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