

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: 11-4334
Date Received: 3/13/2023
Receipt No: 7000049
Claim Fee: \$25.00
Received By: MD

RECEIVED

MAR 13 2023

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)

PETER LODDER FAMILY TRUST
651 E EAGLE RIDGE DR
N SALT LAKE UT 84054

Phone: (801) 549-8668

2. Date of Priority: 6/1/1940

3. Source:

UNNAMED STREAM
UNNAMED STREAM

Trib. to:

BEAR RIVER
BEAR RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
09S	42E	31	SW SW	4	CARIBOU	Beginning
09S	42E	31	SW SW	4	CARIBOU	Ending

5. Description of diverting works:

Livestock drinks from stream.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
STOCKWATER	5/15	11/01	0.12		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Leased for 2,000 head of sheep, and 2 personal horses.

9. Place of use:

STOCKWATER within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	42E	31	SW		SW	4	

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:

12. Remarks:

Priority Date Explanation:

This is the date claimed on the statutory claim.

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.

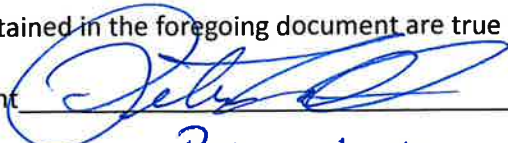
Number of attachments: _____

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

Trustee of Peter Lodder 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  Date 3-13-23

Printed Name of Authorized Agent Peter Lodder