

**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: 13-7944
Date Received: 2/7/2024
Receipt No: 1800741
Claim Fee: \$ 25
Received By: CA

RECEIVED

FEB 07 2024

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)

S LAZY S PROPERTIES LLC
3347 EAST RIVERDALE RD
PRESTON ID 83263

Phone:

2. Date of Priority: 5/11/2015

3. Source:

SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
14S	40E	28	NE SE SW		FRANKLIN	

5. Description of diverting works:

pipe in spring head to trough

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.01		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

60 cow-calf pairs.

9. Place of use:

STOCKWATER within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
14S	40E	28	SE		SW		

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 given on the license.

The quantity of water under this right shall not exceed 13,000 gallons per day.

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

owner of Stacy S Proctor LLC ^{SC}
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 Samuel L. Smith Date Feb 7 - 2023

Printed Name of Authorized Agent Samuel L. Smith