

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: 13-7399
Date Received: 8/29/2024
Receipt No: P001241
Claim Fee: \$25.00
Received By: MB

RECEIVED

AUG 29 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)

LANAE ROBINSON
5967 E THATCHER RD
PRESTON ID 83263

Phone: (208) 851-0178

2. Date of Priority: 7/30/1983

3. Source:
SPRINGS

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
12S	40E	1	NE SW		FRANKLIN	

5. Description of diverting works:

Concrete spring box captures water that is then used by the home and lawn.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		1.2

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

1 home

9. Place of use:

DOMESTIC within FRANKLIN County

Township	Range	Section	¼	of	¼	Lot	Acres
12S	40E	1	NE		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 that was originally licensed and water is still used today. The house is also supplied by Thatcher Water Company also.

The domestic use authorized under this right shall not exceed 13,000 gallons per day.

The irrigation occurring under this domestic use shall not exceed 1/2 acre.

Domestic use is for 1 home.

13. Basis of Claim: License

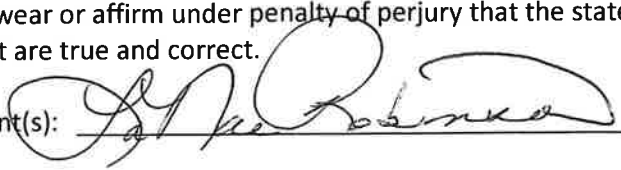
14. Signature(s)

(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 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: 8/29/2024

Date: _____