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

RECEIVED
SEP 10 2024
IDWR/Preston

Ident. Number: 13-7076
Date Received: 9/10/2024
Receipt No: P001277
Claim Fee: $85.00
Received By: CG

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

LEALAND TIM WEEKS
535 W 8 S
PRESTON ID 83263

Phone: (208) 760-0688

2. Date of Priority: 5/24/1974

3. Source: POND SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
15S	39E	34	SE NW		FRANKLIN	

5. Description of diverting works:

Pump to wheel line.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	5/01	10/30	0.53		122.5

7. Total Quantity Appropriated is:

0.53 C.F.S. and/or 122.5 A.F.A.

8. Non-irrigation uses:

50 head of cattle.

9. Place of use:

IRRIGATION within FRANKLIN County

Township	Range	Section	¼	of ¼	Lot	Acres
15S	39E	34	SW	NE		0.4
15S	39E	34	NE	NW		3.2
15S	39E	34	SE	NW		30
15S	39E	34	NE	SW		0.7

Total Acres = 34.3

STOCKWATER same as IRRIGATION

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:
This is when the water was licensed.

THIS RT. WHEN COMBINED WITH ALL OTHER RTS. SHALL PROVIDE NO MORE THAN 0.02 CFS/AC NOR MORE THAN 3.5 AFA/AC FOR THE LANDS ABOVE.

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: _____

_____ Date: _____