

**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: 13-7074
Date Received: 9/19/2024
Receipt No: P001305
Claim Fee: \$2500
Received By: MB

RECEIVED

SEP 19 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)

STAN CHRISTENSEN TRUST
664 BENCH LAGO RD
GRACE ID 83241

Phone: (208) 221-7012

2. Date of Priority: 4/6/1974

3. Source:

SPRING SINKS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
10S	41E	27	NE SW		CARIBOU	

5. Description of diverting works:

Water gravity piped from spring to house.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.01		0.6

7. Total Quantity Appropriated is:

0.01 C.F.S. and/or 0.6 A.F.A.

8. Non-irrigation uses:

1 house and lawn and garden

9. Place of use:

DOMESTIC within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
10S	41E	33	SW		NE		

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:

13-2002

12. Remarks:

Priority Date Explanation:

This is the licensed priority date and use continues today.

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 X 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	_____	STAN CHRISTENSEN 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 9/19/2024

Printed Name of Authorized Agent STAN CHRISTENSEN