

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

Claim ID: 13-7606

Date Received: 9/12/24

Receipt No: P001283

Claim Fee: 759 By: MB

RECEIVED

SEP 12 2024

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

IDWR/Preston

Please type or print clearly

- Name of claimant(s) Lynda S. Jones Phone (208) 244-1131
Mailing address PO Box 88 Providence UT Zip 84332-0088
Street or Box City State
Email address (optional) djandlj@aol.com
- Date of priority: (Only one per claim) 11/02/2001 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) Spring
which is tributary to (b) Sinks
- Location of point of diversion is: Township 13S, Range 38E, Section 7,
NW 1/4 of NE 1/4, or Govt. Lot 0 BM, County of Bannock;
Parcel no. _____
Additional points of diversion, if any: Township 13S, Range 38E, Section 7, Govt. Lot 0, County Bannock
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
Diverting works are a stream to a concrete cistern then piped to a trough through a buried pipeline then piped to a trough through a buried pipeline then piped to aesthetic storage (pond) through a buried pipeline then leaves aesthetic storage through a buried pipeline and/or spillway that ends in stream bed.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>stockwater</u> purposes from <u>01/01</u> to <u>12/31</u> amount <u>0.09</u>			
For <u>diversion to storage</u> purposes from <u>01/01</u> to <u>12/31</u> amount <u>0.09</u>			
- Total quantity claimed 0.09 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Stockwater: 200 head of cattle

9. Location of place of use is: Township 13S, Range 38E, Section 7,
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) **Domestic** () **Stock** (✓) **Domestic and Stock** ()

Additional places of use, if any Township 13S Range 38E Section 7 NE, NE and SE, NE

10. In which county(ies) are lands listed above as place of use located? Bannock

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

This is the priority date that was received from our original submission (13-7606) to the Idaho Department of
Water Resources.

14. Basis of claim (check one) Beneficial Use () Posted Notice () License (✓) Permit () Decree ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 13-7606

15. **Signature(s)**

- (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Bear River Basin Water System 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) Lynda S Jones Date: 09/11/2024

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's 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 _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) Lynda S. Jones Claim ID _____

