

**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: 11-7084
Date Received: 7/28/2023
Receipt No: P000353
Claim Fee: \$25.00
Received By: mj

RECEIVED
JUL 28 2023
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)

CAMREN BOWEN
1736 CEDAR VIEW RD
SODA SPRINGS ID 83276

Phone: (208) 220-2373

2. Date of Priority: 5/13/1975

3. Source:
SPRINGS
SPRINGS

Trib. to:
SINKS
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
09S	41E	1	NW SW		CARIBOU	
09S	41E	1	NW SW		CARIBOU	

5. Description of diverting works:

SPRINGS WITH SPRING BOX WITH COLLECTION TANK AND PUMP TO HOME AND EXTERIOR USE.
THERE ARE MULTIPLE SMALL SPRINGS THAT COLLECT ON THE PROPERTY.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		1.2
STOCKWATER	01/01	12/31	0.01		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME AND LAWN AND GARDEN IRRIGATION
60 WATER FOWL AND POULTRY

9. Place of use:

DOMESTIC within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	41E	1	NW		SW		

STOCKWATER within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	41E	1	NW		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:
SEE LICENSE.

13. Basis of Claim: License

14. Signature(s)

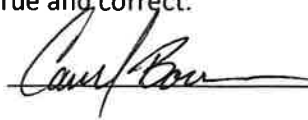
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the BEAR River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For 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: 7/28/23

Date: _____