

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: 11-2019
Date Received: 5/15/2023
Receipt No:
Claim Fee:
Received By: MB

~~SCANNED~~

AMENDED

RECEIVED MAY 15 2023

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

MAY 15 2023

IDWR/Preston

1. Name of Claimant(s)

D&T LAKEY FARMS INC
PO BOX 575
SODA SPRINGS ID 83276

Phone: (208) 221-2394

2. Date of Priority: 4/7/1908

3. Source:
ROWLEY SPRINGS

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
09S	43E	30	SW SW	4	CARIBOU	

5. Description of diverting works:

The spring feeds a cistern that has water piped to two homes and lawn. It is a gravity fed system. The overflow from the spring goes down a ditch. The license had marked the spring in the wrong area. We have marked where the spring and the cistern actually are located.

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		
IRRIGATION	04/15	10/31	0.8	0.4	

7. Total Quantity Appropriated is:

0.44
0.8 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

1

2 homes and our lawn and garden.

9. Place of use:

DOMESTIC within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	42E	25	SE		SE		

IRRIGATION within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	42E	25	SE		SE		20

Total Acres = 20

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 given with the 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 _____ 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

Representative of D+T Lakey Farms INC.
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 DL 2/4 Date May 15, 2023

Printed Name of Authorized Agent David Lakey