

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: 11-4330
Date Received: 5/10/23
Receipt No: P000344
Claim Fee: \$70.00
Received By: MB

RECEIVED

MAY 10 2023

IDWR/Preston

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

BEAR RIVER MEADOWS LLC
970 W BROADWAY # 282
JACKSON WY 83001-6402

Phone: (307) 203-0329

2. Date of Priority: 6/1/1887

3. Source:
SPRINGS

Trib. to:
BEAR RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
09S	42E	33	SE NW		CARIBOU	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	4/01	11/01	0.21		
STOCKWATER	1/01	11/01	0.04		

7. Total Quantity Appropriated is:

0.25 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

Cattle 70 head

9. Place of use:

IRRIGATION within CARIBOU County

Township	Range	Section	¼	of	¼	Lot	Acres
09S	42E	33	NE		NW		5
09S	42E	33	NW		NW		5
09S	42E	33	SW		NW		5
09S	42E	33	SE		NW		5

Total Acres = 20

STOCKWATER same as IRRIGATION

10. Do you own the property listed above as place of use? Yes (X) No ()

If your answer is no, describe in remarks below the authority you have to claim this water right.

Cattle 70 head

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: Statutory Claim

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 X do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

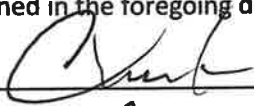
Number of attachments: 1

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

Manager of BEAR RIVER MEADOWS LLC
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 5-6-23

Printed Name of Authorized Agent Chuck Schraner

