

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 ~~11-8488~~

Date Received: 4/25/2023

Receipt No: S039778

11-7506

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
BLUE BIRD HILLS	111 FANIR CIRCLE	KIMBERLY	ID	UNITED STATES	83341

2. Date of Priority:

Date	Explanation
9/5/2002	

3. Source:

Source	Tributary
SPRING	SINKS

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
12S	43E	16		SE	SW	BEAR LAKE		

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
STOCKWATER		Cattle	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.02		

Totals

CFS	AF	KW
0.02		

8. Place of Use:

Water Use	Total Claimed Acreage
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STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
12S	43E	16	SE	SW	BEAR LAKE		



SCANNED

MAY 18 2023

9. Remarks:

10. Other Water Rights:

None

11. Basis:

Basis
License

12. 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 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): _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name

SCANNED

MAY 18 2023