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Form No. 42-1409-2 (Internet 01/23)

Department of Water Resources

IN THE DISTRICT COURT OF THE FIRST 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: 11-4084

Date Received: 10/18/23

Receipt No: E049557

Claim Fee: \$25.00 By: CM

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

Please type or print clearly

1. Name of claimant(s) Randy and/or Mariah Lancaster Phone (307) 887-9100

Mailing address 2061 N. 8th St Montpelier ID Zip 83254
Street or Box City State

Email address (optional) dhbrondbeef@silverstar.com

2. Date of priority: (Only one per claim) 12/03/1895 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Spring
which is tributary to (b) sinks

4. Location of point of diversion is: Township 11S, Range 43E, Section 6
NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of _____

Parcel no. _____

Additional points of diversion, if any: _____

If available, GPS coordinates: 42.49311, -111.46776

5. 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.

old spring box - ~~dam~~ non functional pipeline

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For stock purposes from 01/01 to 12/31 amount .02 cfs (X or AFY ())
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .02 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

100 head mixed stock

9. Location of place of use is: Township 11S, Range 43, Section 6,
NE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4
for (check one) Domestic () Stock (X) Domestic and Stock ()

Additional places of use, if any none currently

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

11. Do you own the property listed above as place of use? Yes (X) 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.

11-4084 abandoned or None ()

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

Priority date based on original ranch homestead claim date
and use of springs on same hill

14. Basis of claim (check one) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 11-4084

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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) M Luv Date: 10/16/23

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

Agent's title (Please print) _____ of _____
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) _____ Claim ID _____