

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 ~~11-9640~~ 11-7424
Date Received: 12/17/2023
Receipt No: T117526

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
BEAR LAKE WEST PROPERTY ASSN INC	9 DUTCH CANYON RD	FISH HAVEN	ID	UNITED STATES	83284

2. Date of Priority:

Date	Explanation
8/22/1994	Basis of priority is license.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
16S	43E	21		SW	NE	BEAR LAKE		Ground Well

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

Water Use	Number Of Homes	Stock	Description
DIVERSION TO STORAGE			Domestic/Municipal

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DIVERSION TO STORAGE	01/01	12/31

7. Quantity:

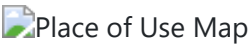
Water Use	CFS	AF	KW
DIVERSION TO STORAGE	33.00	60.00	

Totals

CFS	AF	KW
33.00	60.00	

8. Place of Use:

Water Use	Total Claimed Acreage
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9. Remarks:

10. Other Water Rights:

11. Basis:

Basis
Beneficial Use

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