DISTRICT COURT - SRBA Fifth Judicial District County of Twin Falls-State of Idahe

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHD, IN AND FOR THE COUNTY OF TWIN FALLS

AUG 2 2 2024

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER FROM THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUN Ident. Number: 55-14053 Date Received: 2/6/2024 C117733 Receipt No: Claim Fee: Received By:

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

1. Name of Claimant(s)

INDIAN MEADOWS RANCH LLC 2700 TROUT CREEK RD **SOUTH MOUNTAIN ID 97910**

Phone: (208) 867-7299

2. Date of Priority:

11/6/1882

3. Source:

Trib. to:

SPRING SINKS

4. Point of Diversion:

Township Range Section 04W

% of % of %

County

Type

07S

29

SW NW

OWYHEE

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose

From

Lot

To

(or) A.F.A

STOCKWATER

01/01 12/31 C.F.S. 0.02

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

	Township Range Section ¼ of ¼ Lot Acres 07S 04W 29 SW NW
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: Water Right No. 55-10348.
13.	Basis of Claim: Beneficial Use
14.	(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 SNAKE 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
	Manager of Indian Neadows Kouich, LLG 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 January Date 8 19 24
	Printed Name of Authorized Agent <u>Jennifer Trautman</u> Date <u>Office</u>

9. Place of use:

STOCKWATER within OWYHEE County

Idaho Department of Water Resources Receipt Receipt ID: C117733

Payment Amount

\$100.00

Date Received

2/6/2024

Region STATE

Payment Type

Charge Card

Payer

TAL TRAUTMAN

Comments

NOTICE OF CLAIM TO A WATER RIGHT

CIVIL CASE NUMBER #49576

FOR: TAL TRAUTMAN

WR CLAIM OR PARCEL # 55-14052, **\$5-14053**, 55-14054, 55-14055, 55-14056, 55-14057

FOR: CSRBA

THE COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM

ORDERID: 38916437

LOCAL REFID: wljgh3tDgEKoW7hMiwtYQg==

TOTAL PAID: \$104.00(FEEs: \$4.00)

AUTH_CODE: 510216

REC DATE: 2/6/2024 04:21:20 PM MST

Fee Details

Amount \$100.00

Description

SRBA CLAIM FILING FEE

PCA 41503 Fund 0337 **Fund Detail**

Subsidiary

Object 1155

lu

Signature Line (Department Representative)