Form No. 42-1409-2 (Internet 7/17)

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

## IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS 2024

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

CIVIL CASE NUMBE	R: 39576	<u> </u>
Claim ID:		Clerk
Date Received:		Deputy Clerk
Receipt No:		
Claim Fee:	_ By:	

## NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW For Domestic and/or Stockwater Purposes

For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

## Please type or print clearly

••					
Name of claimant(s) Casa Del Norte, LP		Pho	one (_	<u>208</u> ) <u>5</u>	99-1580
Street or Box	City	ı lda St	nho ate	Zip <u>836</u>	623
Email address (optional) irondragonmistress@yahoo.com					
Date of priority: (Only one per claim) 6/1/1920 Month/Day/Year (YYYY)					d in Remarks)
Source of water supply (Check one) Ground Water ( ) or Ot	ther (✔) (a)	Unnamed	Strea	m .	
which is tributary to (b) King Hill Creek					
Location of point of diversion is: Township02S, F	Range	10E,	Secti	on	32
NE 1/4 of NE 1/4, or Govt. Lot B	BM, County	of		Elmor	<u>e</u>
Parcel no					
Additional points of diversion, if any: None					
If available, GPS coordinates:					
Description of diverting works (wells, pumps, spring boxes, por enlargements in use, the dimensions of the diversion work each well.	pipelines, et rks as const	tc.) includir ructed and	ng the as er	dates o larged	of any changes and the depth of
Stockwater storage and stockwater				···	
	or stockwate		ee pag	ge 1 of t	the instructions)
For Stockwater purposes from			31	amount	.02
For purposes from _		_to		amoun	t
Total quantity claimed02 cfs (🗸) or AFY ( )					
Non-irrigation uses. Describe fully. (Domestic: give number 6,860 Cattle	er of homes	; Stockwat	er: lis	t numb	er and kind)

DISTRICT COURT - SIRBA Fifth Judicial District County of Twin Falls-State of Idaho 9. Location of place of use is: Township <u>02S</u>, Range 10E, Section \_\_\_ 1/4 of \_\_NE \_\_ 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. \_\_\_\_ If different than shown in Item 4 pomestic ( ) Stock ( ) Domestic and Stock ( ) Additional places of use, if any DIGHK γιαροί 10. In which county(ies) are lands listed above as place of use located? Elmore 11. Do you own the property listed above as place of use? Yes ( ) 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. or None ( ) 13. Remarks (include an explanation of the priority date selected): Evidenced by same date of other CDN stockwater storage and stockwater constructed in the area. Such as 61-12027 and 61-12030. 14. Basis of claim (check one) Beneficial Use ( ) Posted Notice ( ) License ( ) Permit ( ) Decree ( ) Court \_\_\_\_\_ Decree Date \_\_\_\_ Plaintiff v. Defendant \_\_\_\_ If applicable provide IDWR Water Right Number \_\_\_\_\_ 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 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 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, and that I have signed the foregoing document in the space below as the Managing Member \_\_\_\_\_ of Casa Del Norte, LP Agent's 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 from Maria Date 9/3/24 Printed Name of Authorized Agent Teresa M. McCallum 16. Notice of Appearance: Notice is hereby given that I, (please print) 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 \_\_\_\_ Name of claimant(s) \_\_\_\_\_

Claim ID \_\_\_\_\_