

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

JAN 28 2005

By [Signature] Clerk

CIVIL CASE NUMBER: 39576 Deputy Clerk

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

Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Claim Fee: \_\_\_\_\_ By: \_\_\_\_\_

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

**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) Casa Del Norte, LP Phone ( 208 ) 599-1580

Mailing address 11204 N. Bar 21 Dr. Glenns Ferry Idaho Zip 83623  
Street or Box City State

Email address (optional) irondragonmistress@yahoo.com

2. Date of priority: (Only one per claim) 9/18/1880 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ( ) or Other (  ) (a) King Hill Creek  
which is tributary to (b) Snake River

4. Location of point of diversion is: Township 02S, Range 10E, Section 35,  
SW 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Elmore;

Parcel no. \_\_\_\_\_

Additional points of diversion, if any: None

If available, GPS coordinates: \_\_\_\_\_

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.

Instream stockwater

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

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

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

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

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
6,860 Cattle

9. Location of place of use is: Township 02S, Range 10E, Section 35,  
SW 1/4 of NW 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. \_\_\_\_\_  
If different than shown in Item 4  
for (check one) **Domestic** ( ) **Stock** (✓) **Domestic and Stock** ( )

Additional places of use, if any None

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):  
~~Vested water rights, as recognized by Congress in the Mining Act of March 6, 1866, 14 Stat. 253, sec. 9,~~  
evidenced by an exhaustive chain of title to original appropriator.

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) [Signature] Date: 1/24/25  
\_\_\_\_\_  
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 [Signature] Date 1/24/25

Printed Name of Authorized Agent Teresa M. McCallum

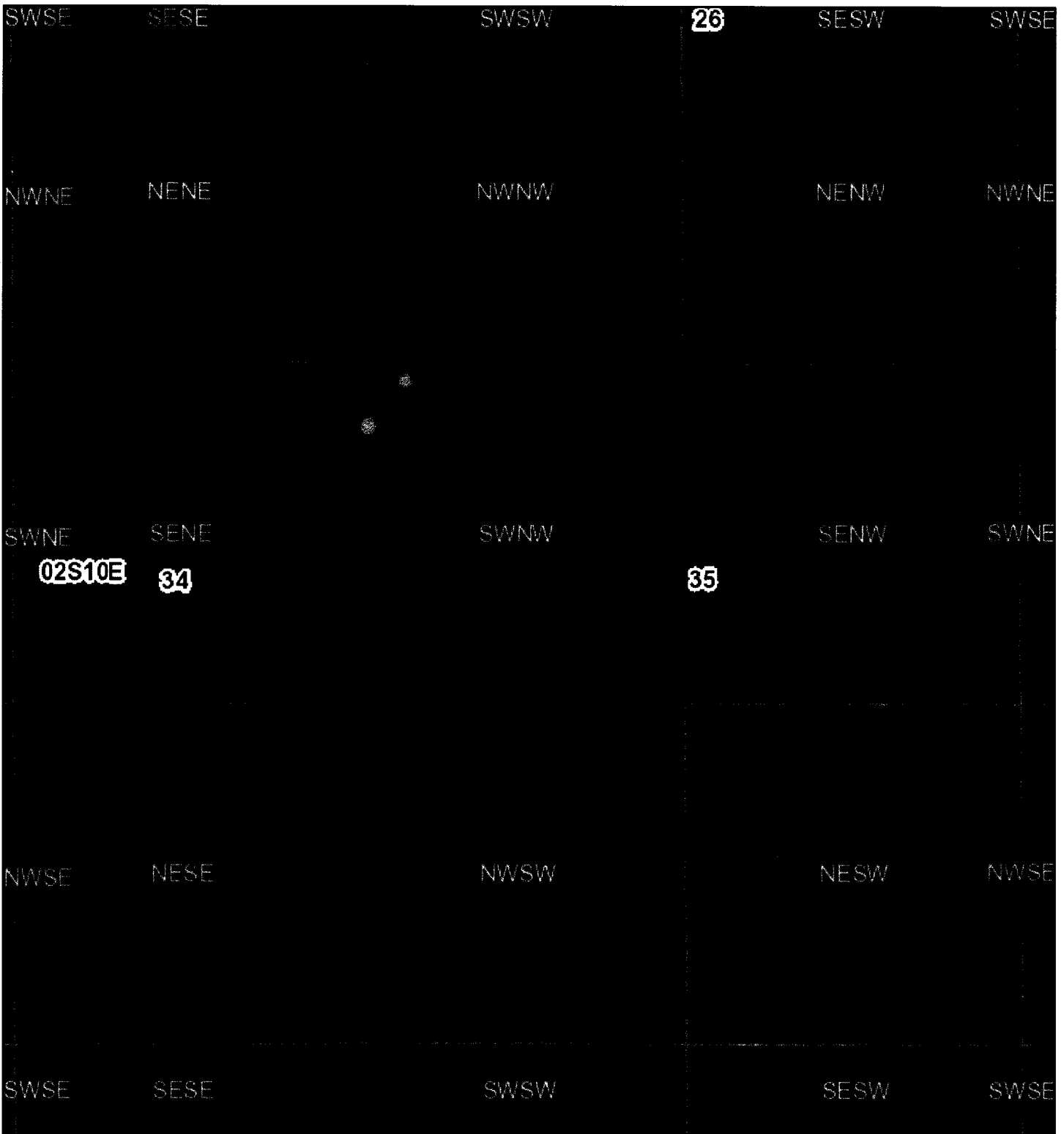
16. **Notice of Appearance:**  
Notice is hereby given that I, (please print) \_\_\_\_\_, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_









Address \_\_\_\_\_

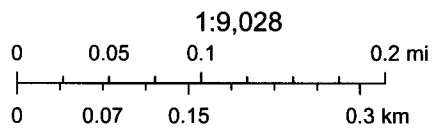
Name of claimant(s) \_\_\_\_\_ Claim ID \_\_\_\_\_

# 61-12368



10/9/2020, 11:25:30 AM

-  Counties
-  Township/Range
-  POD
-  POU Bdy
-  Quarter Quarter
-  Idaho Outline
-  Section
-  Idaho Mask



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10/10/10