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

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

## IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT 心即指用 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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE	NUMBER: 39576	Ĭ
	NUMBER: 39370 CI	K
Claim ID:	Deputy Cleri	Ē
Date Received	: <u></u> _	
Receipt No:		
Claim Fee:	By:	

## NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

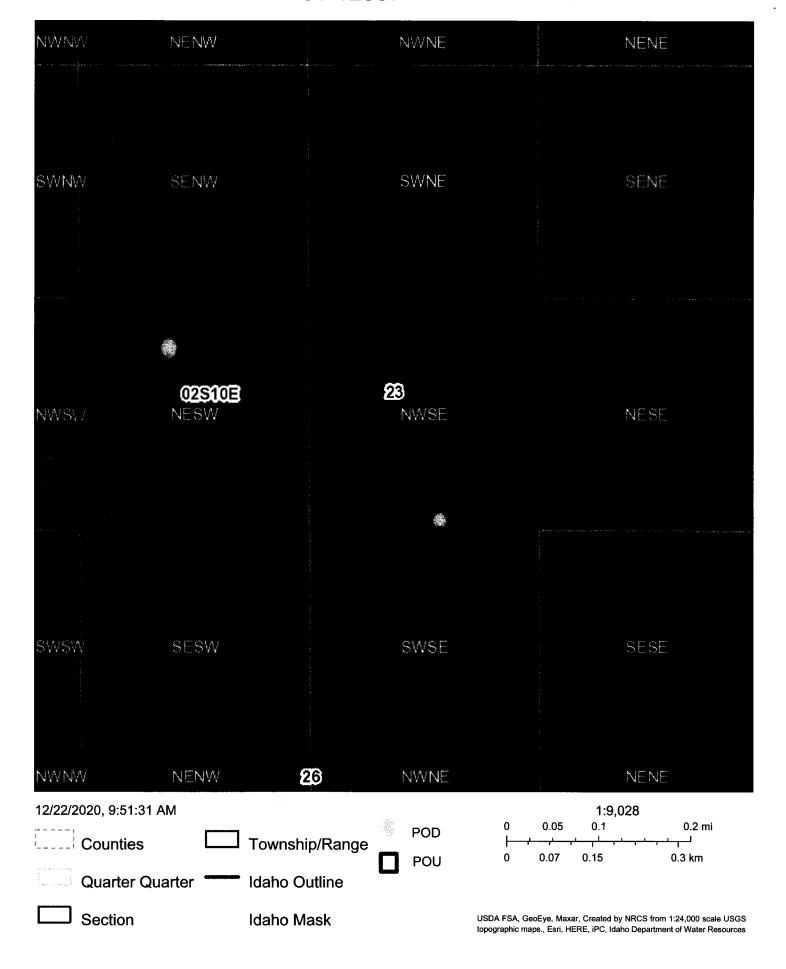
For Domestic and/or Stockwater Purposes Where Daily Use is less than 13,000 gallons per day

## Please type or print clearly

1.	Name of claimant(s) Casa Del Norte, LP	·	_Phone (	208 <sub>)</sub> 5	99-1580				
	Mailing address 11204 N. Bar 21 Dr. Glenns Ferr	У	Idaho State	Zip <u>836</u>	523				
	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)	am							
	which is tributary to (b) King Hill Creek	····							
4.	Location of point of diversion is: Township, Range	10E	, Sect	ion	23				
	NE 1/4 of SW 1/4, or Govt. Lot BM, County	of		Elmore	•				
	Parcel no.								
	Additional points of diversion, if any: T02SR10E23 NWSE								
	If available, GPS coordinates:								
5.	Description of diverting works (wells, pumps, spring boxes, pipelines, e or enlargements in use, the dimensions of the diversion works as conseach well.								
	Instream stockwater								
6.	Water is claimed for the following: (limited to domestic and/or stockwater	er uses	- see pag	ge 1 of th	ne instructions)				
	Month/Day	Мо	nth/Day		cfs ( ) or AFY (				
	For Stockwater purposes from 01/01	_ to	12/31	amount	.02				
	For purposes from	_ to		amount					
7.	Total quantity claimedcfs (🗸) or AFY ( )								
8.	Non-irrigation uses. Describe fully. (Domestic: give number of homes 6,860 Cattle	; Stock	water: lis	t numbe	r and kind)				

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

## 61-12387



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