

DISTRICT COURT - SRBA
Fifth Judicial District
County of Twin Falls - State of Idaho
SEP 29 2025
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**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 SNAKE RIVER BASIN WATER SYSTEM**

By _____
CIVIL CASE NUMBER: 39576 Clerk
Claim ID: 29-14557 Deputy Clerk
Date Received: 8-25-25
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

- Name of claimant(s) Ben and Heidi Albano Phone 208 890-1415
Mailing address 9671 Andee K Lane Pocatello ID Zip 83204
Street or Box City State
Email address (optional) benalbano@gmail.com
- Date of priority: (Only one per claim) 7-19-2002 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 7S, Range 35E, Section 19,
SW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of _____;
Parcel no. RPRRAU H000500
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
well 6" 205' DEEP, steel casing, yield 25 gal/min
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 1-1 Month/Day to 12-31 Month/Day amount .04 cfs (X) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic 1 home

9. Location of place of use is: Township 7^s, Range 35^e, Section 19,
SW 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. RPRRA 4000500
If different than shown in Item 4
for (check one) **Domestic** (☒) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Bannock

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):
Autumn Heights Subdivision Lot 4 Block 2

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 _____ Dealing Permit D0024667
other IDWR NO 780977

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: 3 Pages - well Dealers Report & Application sheet card

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: 8-25-25
[Signature] Date: 8-25-25

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

_____ of _____,
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 _____ Date _____
Printed Name of Authorized Agent _____

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) BEN and Heidi Albano Claim ID _____

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Printed 07/18/2002
Ident No. 872624
Well Tag No. D0024667
Well ID # 352060

Receipt #

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Application Start Card**

Relationship: Owner/Operator
Name: PAT HERMANSON
Address: 9671 W ANDEE K LN
POCATELLO ID 83201

Phone:

Proposed Well Location: Township 07S, Range 35E, Section 19, SW, SW
COUNTY BANNOCK

Street Address of Well Site: 9671 W ANDEE K LANE
POCATELLO ID

Proposed Use of Well: Domestic-Single Residence

Well Construction Information:

- A. New Well
- B. Proposed Surface Diameter: Inches. Proposed Depth Feet
- C. Anticipated Bottom Hole Temperature: 85F and less

Construction Start Date: Jul 19 2002

Anticipated Well Drilling Company: JACK CUSHMAN DRILLING INC (No. 94)

Applicant's Signature: _____ Date _____

Title: _____

Form 235-2, 1/97

Back of Card is Pre Addressed

Idaho Department of Water Resources
1301 North Orchard Boise ID-83706-2237

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Write Tag Number Here

00024667

Start Card/Permit for a Domestic Well

(Cold Water 85 degrees or less)

Press Hard

(Not Valid Without Tag Number)

1. Well Owner (please print): PAT HERMANSON
2. Owner's Address: 9671 W. ANDEE K LANE
City POCATELLO State ID Zip 83201 Phone()
3. Well Location: Twp: 7S Rge: 35E Sec. 19 1/4 SW 1/4 SW
Gov't Lot No. County BANNOCK Lat : : Long : :
Street Address of Well Site SAME
City Lot Block Sub

4. Well Construction Information:

☒ New Construction, [] Deepen, [] Modify, [] Replace Existing Well (Previous #)

5. Construction Start Date: 7/19/02 6. Well Driller Cushman License # 947. Signature of Driller or Owner: Musha Joly Date 7/19/02

Submit White Copy to Department of Water Resources

Applicant agrees to comply with the Underground Facilities Damage Prevention Act I.C. 55-2201 et seq. and contact the locator service telephone number Digline 1-800-342-1585 prior to commencing excavation.

app 872624

well 352060

permit 780977

