

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 OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

JUL 18 2025

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

CIVIL CASE NUMBER: ~~39576~~

Claim ID: 63-35012

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

[Signature]
Clerk
Deputy Clerk

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) 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
- Date of priority: (Only one per claim) 9/18/1880 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) Unnamed Stream
which is tributary to (b) Little Camas Creek
- Location of point of diversion is: Township 01S, Range 09E, Section 29,
SE 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Elmore;
Parcel no. _____
Additional points of diversion, if any: T01SR09E Sec 28 NENW
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.
Instream stockwater
- 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 _____
- Total quantity claimed .02 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Historic vested right to 1,668 C and 25,959 S, converted to 6,860 C distributed on all CDN, LP sources

9. Location of place of use is: Township 01S, Range 09E, Section 29,
SE 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. _____
for (check one) **Domestic** () **Stock** (✓) **Domestic and Stock** ()
If different than shown in Item 4

Additional places of use, if any T01SR09E29 SWNE, NESE, SENE T01SR09E28 SWNW, NWNW, NENW

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.
CDN 63-31674 with a priority date of 04/13/1914 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 back to the 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) _____ 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 Teresa M. McCallum Date 7/15/25

Printed Name of Authorized Agent Teresa M. McCallum

16. Notice of Appearance:

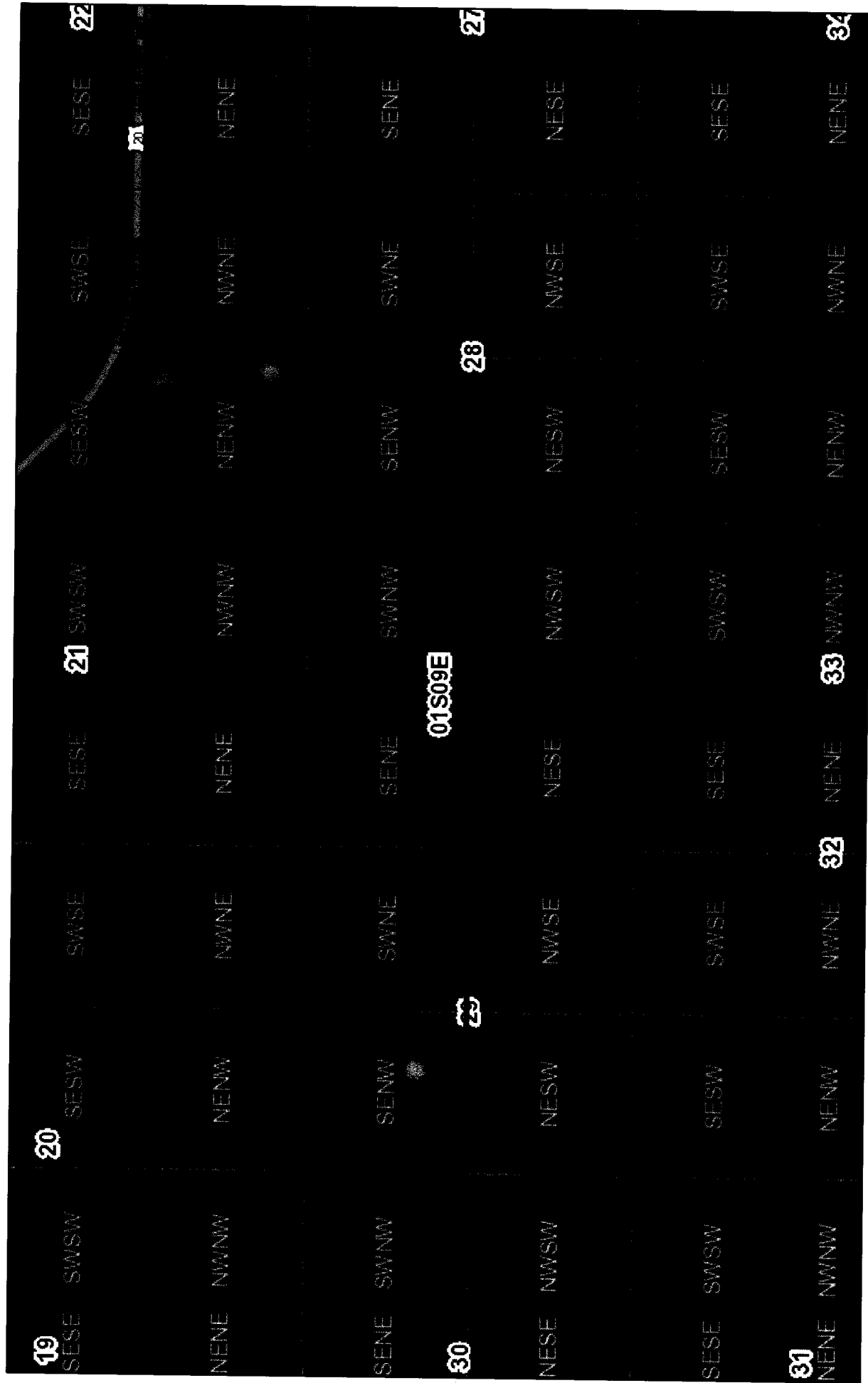
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

63-35012



1/18/2021, 12:35:58 PM

☐ Counties

☐ Section

☒ Idaho Outline

☐ POD

☐ POU

☐ Quarter Quarter

☐ Township/Range

☐ Idaho Mask

1:18,056

0 0.1 0.2 0.4 mi

0 0.17 0.35 0.7 km

USDA FSA, GeoEye, Maxar, Created by NRCS from 1:24,000 scale USGS