

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 BEAR RIVER BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 79576

Claim ID: 13-4345

Date Received: 7/16/24

Receipt No: P001049

Claim Fee: \$25 By: MB

RECEIVED

JUL 16 2024

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

IDWR/Preston

Please type or print clearly

1. Name of claimant(s) Oneida Overlook, LLC Phone (334) 398-2601
 Mailing address 9549 Fendall Hall Cicle Montgomery AL Zip 36117
Street or Box City State
 Email address (optional) fralmt@gmail.com
2. Date of priority: (Only one per claim) 3/1/1927 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (☒) (a) Spring
 which is tributary to (b) Sinks
4. Location of point of diversion is: Township 13S, Range 40E, Section 14,
SE 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Franklin;
 Parcel no. _____
 Additional points of diversion, if any: _____
 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.
Spring box collects water and pipes it to the trough.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

		Month/Day	Month/Day	cfs (☒) or AFY ()
For <u>Stockwater</u> purposes from	<u>03/01</u>	to	<u>11/01</u>	amount <u>0.04</u>
For _____ purposes from _____		to _____		amount _____
7. Total quantity claimed 0.04 cfs (☒) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
300 cow calf pairs

9. Location of place of use is: Township 13S, Range 40E, Section 14,
SE 1/4 of SW 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 _____

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

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.
Other springs on the property for cattle. or None ()

13. Remarks (include an explanation of the priority date selected):
This is the date that was on the statutory claim. It is the earliest record of the spring being used for stockwater.

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 13-4345 Statutory

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 notices in the Bear River Basin Water System 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

Owner of Oneida Overlook LLC
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 Adam Fritch Date 7/16/24

Printed Name of Authorized Agent R- Lee Franklin

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 _____