

1. Name of claimant(s) Oneida Overlook LLC Phone (334) 398-2601
- Mailing address 9549 Fendall Hall Circle Montgomery AL Zip 36117
Street or Box City State
- Email address (optional) FRALMT@GMAIL.COM
2. Date of priority: (Only one per claim) 7/22/1999 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Unnamed stream
which is tributary to (b) Sinks
4. a. Location of point of diversion is: Township 13S, Range 41E, Section 7
SW 1/4 of NW 1/4, Govt. Lot _____, BM, County of Franklin
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS Coordinates 42.30650, -111.72093
- b. If instream flow, beginning point of claimed instream flow is:
Township 13S, Range 41E, Section 7, SW 1/4 of NW 1/4,
Govt. Lot _____, BM, County of Franklin
Ending point is: Township 13S, Range 41E, Section 7, SW 1/4 of NW 1/4,
Govt. Lot _____, BM, County of Franklin
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
Earthen dam

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Stockwater storage purposes from 03/01 to 11/01 amount 0.20 or 0.20

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.20 (cfs) and/or (b) 0.20 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 1,000 head of cattle

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
13S	41E	7							WS										

Parcel no(s). _____ Total number of acres irrigated _____

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 your 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.

Rights 13-7564 through 13-7574, 13-7791, and 13-7866 when combined are limited to the quantity or None (☐)

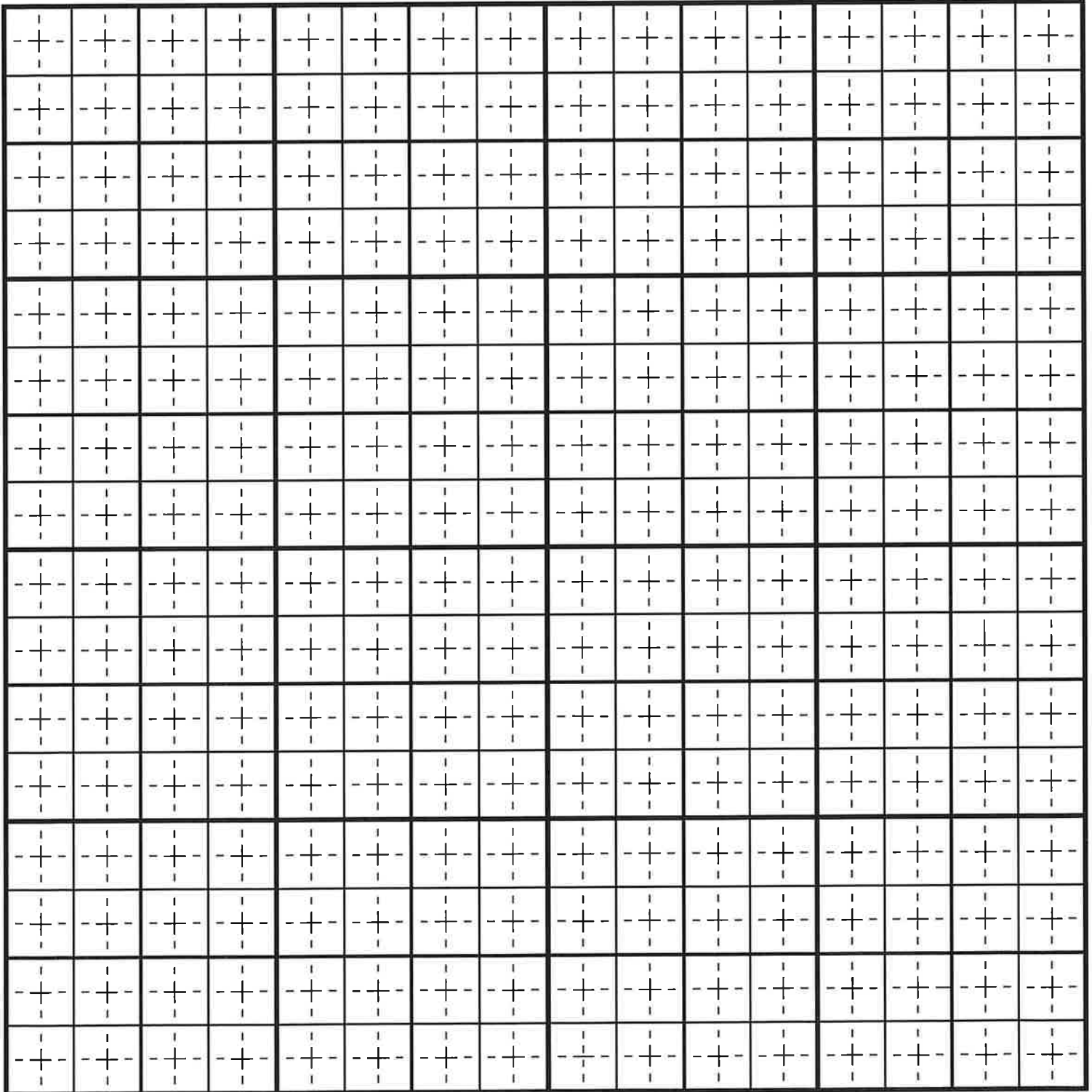
13. Remarks (Include an explanation of the priority date selected):

This is the date of the license. 13-7569

Name of claimant(s) _____ Claim ID _____

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Name of claimant(s) _____ Claim ID _____

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 13-7569

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: _____

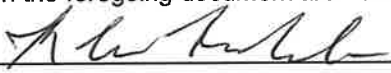
For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

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  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 on behalf of 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 _____