

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

JUN 01 2026

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

By ad
CIVIL CASE NUMBER: 49576
Claim ID: 93-7710
Date Received: _____ Deputy Clerk
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) DBL Land LLC Phone (208) 930-5566
Mailing address 164 Warbler Ln Desmet ID zip 83824
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 11-1-2025 (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 44N, Range 5W, Section 27,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Beneviah;
Parcel no. RP 44N05W274800
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.
400' well 30 gpm
- 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 to 12-31 amount 0.04 cfs (or AFY ()
For Stockwater purposes from 1-1 to 12-31 amount 0.02
- Total quantity claimed 0.04 cfs (or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic 1 home Stockwater 30 head mix

9. Location of place of use is: Township 44N, Range 5W, Section 27,
NE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. Same
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? Beneva

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):
When we moved in

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 notices in the Coeur d'Alene-Spokane 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

Manager of DBL Land 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 [Signature] Date 4-29-21

Printed Name of Authorized Agent Bob Mattson

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 _____