

JAN 20 2026

By _____


Clerk

Deputy Clerk

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

In Re SRBA

Case No. 39576

A. Subcase 65-24159

(Insert water right number)

**STANDARD FORM 1
OBJECTION**

Please fill in the following information:

B. NAME AND ADDRESS OF PERSON OBJECTING

Name: NORMANDIE LLC

Address: 306 S WASHINGTON AVE

EMMETT ID 83617

Daytime Phone: 208-287-0991

Name & Address of Attorney, if any:

MCHUGH BROMLEY, PLLC

PO BOX 107

BOISE ID 83701

C. CLAIMANT OF WATER RIGHT AS LISTED IN DIRECTOR'S REPORT

Name: NORMANDIE LLC

Address: 306 S WASHINGTON AVE

EMMETT ID 83617

D. I object to the following elements as recommended in the Director's Report. (Please check the appropriate box(es)).

1. ☐ **Name and Address**
Should be: _____
2. ☒ **Source**
Should be: AS CLAIMED
3. ☒ **Quantity**
Should be: AS CLAIMED
4. ☒ **Priority Date**
Should be: AS CLAIMED
5. ☒ **Point of Diversion**
Should be: AS CLAIMED
6. ☐ **Instream Flow Beginning and Ending Point**
Should be: _____
7. ☒ **Purpose(s) of Use**
Should be: AS CLAIMED
8. ☒ **Period of Year**
Should be: AS CLAIMED
9. ☒ **Place of Use**
Should be: AS CLAIMED
10. ☒ **I object because**
☐ This water right Should not exist.

☒ This water right was not recommended, but Should be recommended with the elements described above. CLAIM IS ATTACHED

E. REASONS SUPPORTING OBJECTION(S): THIS WATER RIGHT WAS ESTABLISHED IN 2020 BY THE DRILLING OF A WELL AND PUMPING OF SAME INTO TROUGHS FOR DOMESTIC AND STOCKWATER PURPOSES AND SHOULD HAVE BEEN RECOMMENDED. AN AFFIDAVIT SUPPORTING THE SAME WILL BE SUBMITTED TO IDWR FOR CONSIDERATION.

F.

VERIFICATION (must be completed)

State of IDAHO)

)ss.

County of IDAHO)

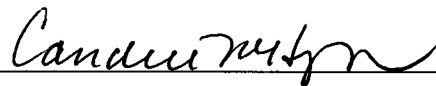
CANDICE MCHUGH

(Name of Person filing objection)

, duly sworn, upon oath, deposes and says:

That I am the party/claimant filing this objection, as defined by I.C. §§ 42-1401A(1) and (6) or that I am the attorney for the party/claimant objecting and that I have read this objection, know its contents and believe that the statements are true to the best of my knowledge.

(Signature of person filing objection)


(Attorney signing in representative capacity)

Subscribed and sworn to before me on: _____

Notary Public for _____

Residing at: _____

My Commission Expires: _____

INSTRUCTIONS FOR MAILING

You must mail the Objection to the Clerk of the court. **FAX filings will not be accepted.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

G. CERTIFICATE OF MAILING

I certify that on JANUARY 16, 2026, I mailed the original and copies of this objection, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. One copy to the claimant of the water right at the following address:

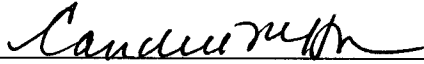
Name: NORMANDIE, LLC
Address: 306 S WASHINGTON AVE, EMMETT ID 83617

3. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

United States Department of Justice
Environment & Nat'l Resources Div
PO Box 7611
Ben Franklin Station
Washington, D.C. 20044-7611

Chief, Natural Resources Division
Office of the Attorney General
State of Idaho
PO Box 83720
Boise, ID 83720-0010



Signature of Objector or attorney
mailing on Objector's behalf

**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**

CIVIL CASE NUMBER: 39576

Claim ID: 65-24159

Date Received: _____

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

AMENDED

Please type or print clearly

1. Name of claimant(s) NORMANDIE, LLC Phone (208) 972-7397
 Mailing address 306 S WASHINGTON AVE. EMMETT ID 83617
Street or Box City State Zip
 Email address (optional) ALEX@KINCAID-RANCH.COM
2. Date of priority: (Only one per claim) 10/2/2020 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
 which is tributary to (b) _____
4. Location of point of diversion is: Township 7N, Range 1W, Section 16
SW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of _____;
 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.
THERE IS A 2 HP PUMP IN THE WELL AND PIPING TO THE HOME AS A BACK-UP SUPPLY
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>DOMESTIC</u>	purposes from <u>1/1</u>	to <u>12/31</u>	amount <u>.04</u>
For	<u>STOCKWATER</u>	purposes from <u>1/1</u>	to <u>12/31</u>	amount <u>.02</u>
7. Total quantity claimed .02 + .04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
BACK-UP SUPPLY TO 1 HOUSEHOLD AND TO SUPPORT 20 HEAD OF CATTLE, 10 HORSES.

9. Location of place of use is: Township 7N, Range 1W, Section 16,
SE 1/4 of NE 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 7N 1W SECTION 16 SWNE FOR 1 HOUSE DOMESTIC

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

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):

IT IS THE DATE THE WELL WAS PUT TO BENEFICIAL USE - SEE WELL DRILLERS REPORT

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

MANAGER

of NORMANDIE, 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 12/18/2023

Printed Name of Authorized Agent ALEXANDRA C. KINCAID
MANAGER, NORMANDIE, LLC

16. Notice of Appearance:

Notice is hereby given that I, (please print) CANDICE M. MCHUGH, 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 4-17-2024

Address MCHUGH BROMLEY, PLLC, 380 S 4TH ST., STE 103, BOISE, ID 83702

Name of claimant(s) Claim ID