

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

MAY 18 2026

**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: 63-35797 Clerk

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

1. Name of claimant(s) Richard and Debra Tracy Phone (208) 794-3236  
Mailing address 33607 Apple Valley Rd Parma Zip ID  
Street or Box City State  
Email address (optional) tracydebbie2000@icloud.com

2. Date of priority: (Only one per claim) 04/11/1962 (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) NA

4. Location of point of diversion is: Township 06N, Range 05W, Section 18,  
SE 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Canyon;

Parcel no. R2509000000

Additional points of diversion, if any: NA

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.  
Well pumped through pipeline to house.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs (✓) or AFY ( )  
Month/Day Month/Day  
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)  
use in 1 home, periodical used for a few head of livestock, lawn irrigation supplemental to 1 share from FCDC.

9. Location of place of use is: Township 06N, Range 05W, Section 18,  
SE 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. R2509000000

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? \_\_\_\_\_

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.

1 share from Farmers Cooperative Ditch Co for irrigation. Share number 2934 or None (  )

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

The year built is 1962 in Canyon County tax parcel records. The stamp on the concrete at the home is dated 04/11/1962. The well was completed then connected to the home as soon as the home was completed.

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: Exhibits A thru E (22 Pages)

**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)

[Handwritten Signature]  
Debra Tracy

Date: 5-13-26

Date: 5-13-26

**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

NA of NA,  
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 NA

Printed Name of Authorized Agent NA

**16. Notice of Appearance:**

Notice is hereby given that I, (please print) NA, 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 \_\_\_\_\_