

DISTRICT COURT - SRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

FEB 17 2023

**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

Clerk
Deputy Clerk

Claim ID: 75-15865

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**

Please type or print clearly

- Name of claimant(s) William Kittrell Phone (208) 756-1528
Mailing address 607 Courthouse Drive Salmon, ID Zip 83467
Street or Box City State
Email address (optional) kittrellbill@gmail.com
- Date of priority: (Only one per claim) May 1, 1968 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) Spring (Lake Creek Spring)
which is tributary to (b) Lake Creek
- Location of point of diversion is: Township 19N, Range 21E, Section 2,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Lemhi;
Parcel no. RP000690080130
Additional points of diversion, if any: N/A
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.
Two collection pipes flow into a 10,000 gallon tank and is diverted into 2" and 4" pipes, which delivers water to my residence.
- 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>Jan 1</u> to <u>Dec 31</u> amount <u>0.04</u>			
For _____ purposes from _____ to _____ amount _____			
- 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

9. Location of place of use is: Township 19N, Range 21E, Section 1,
NW 1/4 of SW 1/4, Govt. Lot 9 BM, Parcel no. RP 000680040100A
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? Lemhi

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):
The priority date is when the spring was developed and pipeline installed. Water was diverted to my residence
at that time.

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 75-15065

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: 1

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) W. K. Kittrell Date: Feb 13, 2023

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

Agent's title (Please print) _____ of _____
Name of organization (Please print)
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

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) William Kittrell Claim ID _____