

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

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: BY 13-139410

Date Received: \_\_\_\_\_ Clerk

Receipt No: \_\_\_\_\_ Deputy Clerk

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 The Kirt H. Richins and Raegan Richins Revocable Living Trust dated the 21st day of  
April 2015

1. Name of claimant(s) See above. Phone ( 801 ) 657-7181

Mailing address P.O. Box 149 Henefer UT Zip 84033  
Street or Box City State

Email address (optional) kirtrichins@gmail.com

2. Date of priority: (Only one per claim) 10/25/1993 (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 10, Range 26, Section 29,  
SW 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Cassia;

Parcel no. RP10S26E295700

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.

Well with a diameter of 6-5/8", reaching 450 feet; Completed on 10/25/1993. Well no. 312022.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For stockwater purposes from 1/01 to 12/31 amount .02 cfs (✓) or AFY ( )  
Month/Day Month/Day

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total quantity claimed .02 cfs (✓) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

Stockwater is used for 450 head of cattle.

9. Location of place of use is: Township 10, Range 26, Section 29,  
SW 1/4 of SE 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 10S 26E 29 SWSE; 10S 26E 31 SENE

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

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 identified based upon the date that the well was drilled.

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: 0

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 CO-Trustee The Kirt H. Richins and Raegan Richins  
of Revocable Living Trust dated the 21<sup>st</sup> day of April, 2015  
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 Kirt H. Richins Raegan Richins Date 4/23/2016  
Printed Name of Authorized Agent Kirt H. Richins and Raegan Richins

16. Notice of Appearance:

Notice is hereby given that I, (please print) Travis L. Thompson, 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 [Signature] Date 4/23/26

Address 163 2nd Ave. W., P.O. Box 63, Twin Falls, ID 83303-0063

Name of claimant(s) The Kirt H. Richins and Raegan Richins Revocable Living Trust Claim ID \_\_\_\_\_

dated the 21st day of April  
2015