

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 PALOUSE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER : 59576

Ident. Number: 87-11204

Date Received: 7/19/2019

Receipt No: T107272

Received By:

RECEIVED

MAR 09 2020

DEPARTMENT OF
WATER RESOURCES

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

KERRY LITTLEFIELD Phone:(425) 583-6287

2534 HIGHWAY 9

PRINCETON ID 83857

KYLE LITTLEFIELD Phone:(360) 722-1435

2534 HIGHWAY 9

PRINCETON ID 83857

2. Date of Priority: ~~4/30/2014~~ 2006 (Year House was built) KL

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
41N	03W	20	NE SE		LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1 12/31	0.01	0

7. Total Quantity Appropriated is: 0.01 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
41N	03W	20	NE SE		DOMESTIC	
Section Acres						
Total Acres						

10. Place of use in counties: LATAH

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

87-11204

7/25/2019

13. Remarks:

Priority date description: This is the date we bought the property and house.

Description of use: Water Use Description

DOMESTIC

14. Basis of Claim: Beneficial Use

15. Signature(s)

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Kyle J. Littlefield
Ryan Linn

Date: 3-1-2020

Date: 3/1/2020

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

____ of _____
Title Organization

That I have signed the foregoing document in the space below as

____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name

SENW



SWNE

SENE

ESW

NWSE

20

41N03W

well head

87

NESE

SWSE

SESE

