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DEPARTMENT OF  
WATER RESOURCES

Form No. 42-1409-2 (Internet 7/17)

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 FALLSIN 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: 75-15065

Date Received: 2-22-23

Receipt No: C115378

Claim Fee: 25.00 By: LM

## 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)  
For \_\_\_\_\_ Domestic \_\_\_\_\_ purposes from Jan 1 to Dec 31 amount 0.04 cfs (✓) or AFY ( )  
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

SCANNED

FEB 22 2023

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

\_\_\_\_\_ of \_\_\_\_\_,  
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 \_\_\_\_\_

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 \_\_\_\_\_

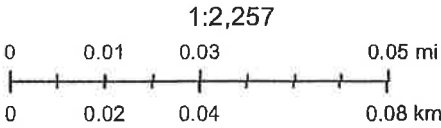
Name of claimant(s) William Kittrell Claim ID \_\_\_\_\_

26 Riverside Drive



2/13/2023, 10:59:38 AM

- POD - Water Rights
- Quarter Quarters
- PLS Sections
- Townships



Maxar, Microsoft