

# 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 CLARK FORK-PEND OREILLE RIVER  
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Claim ID: 96-8457

Date Received: 10-31-2022

Receipt No: N041717

Claim Fee: 25.00 By: JB

RECEIVED

OCT 31 2022

IDWR / NORTH

## 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) RITTER LIVING TRUST Phone ( 509 ) 947-6657  
Mailing address 17902 N LITTLE SPOKANE RIVER LANE COLBERT WA Zip 99005  
Street or Box City State  
Email address (optional) bcritter04@msn.com
2. Date of priority: (Only one per claim) 5/1/1986 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water ( ) or Other (✓) (a) PEND OREILLE RIVER  
which is tributary to (b) COLUMBIA RIVER
4. Location of point of diversion is: Township 56N, Range 3W, Section 9,  
SE 1/4 of SW 1/4, or Govt. Lot 6 BM, County of BONNER;  
Parcel no. RP0079200004A0A  
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.  
SURFACE WATER PUMP, ONE AND ONE QUARTER INCH LINE
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For DOMESTIC purposes from 1/01 to 12/31 amount 0.04 cfs (✓) or AFY ( )  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ cfs (✓) or AFY ( )
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)  
DOMESTIC ONE HOME

9. Location of place of use is: Township 56N, Range 3W, Section 9,  
SE 1/4 of SW 1/4, Govt. Lot 6 BM, Parcel no. RP0079200004A0A  
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? BONNER

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.  
DOMESTIC WELL INSTALLED 8/14/2005 PERMIT #835284 WELL ID #0040440 or None ( )

13. Remarks (include an explanation of the priority date selected):  
PRIORITY DATE BASED ON LICENSE

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 96-8457

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 notices in the Clark Fork-Pend Oreille River Basin Water System 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

TRUSTEES of RITTER LIVING TRUST,  
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 William M Ritter, Claudia S. Ritter Date 10-27-2022

Printed Name of Authorized Agent WILLIAM M RITTER CLAUDIA S RITTER

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) RITTER LIVING TRUST Claim ID \_\_\_\_\_