

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 KOOTENAI RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 89576
Ident. Number 98-4012
Date Received: 9/4/2026
Receipt No: T128252

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LARRY WILLIAMS	13638 SE MARKET ST	PORTLAND	OR	UNITED STATES	97233

2. Date of Priority:

Date	Explanation
6/1/1910	Based on licensed right on IDWR backfile

3. Source:

Source	Tributary
ROUND PRAIRIE CREEK	MOYIE RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
65N	02E	34		SE	NW	BOUNDARY		

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
STOCKWATER	1	Horses	Creek intake pump to house
DOMESTIC			

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1/01	12/31
DOMESTIC	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.01		
DOMESTIC	0.02		

Totals

CFS	AF	KW
0.03		

8. Place of Use:

Water Use	Total Claimed Acreage
-----------	-----------------------

STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
65N	02E	34	SE	NW	BOUNDARY		
DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
65N	02E	34	SE	NW	BOUNDARY		



9. **Remarks:**

10. **Other Water Rights:**

11. **Basis:**

Basis
Statutory Claim

12. **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 Kootenai 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: _____

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

_____ 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