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 98-7194
Date Received: 9/28/2026
Receipt No:

1. **Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
WILLIAM HOWAT	461 CONTINENTAL ROAD	SUNNYSIDE	WA	UNITED STATES	98944

2. **Date of Priority:**

Date	Explanation
4/15/1977	

3. **Source:**

Source	Tributary
SPRING	SINKS

4. **Point of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
65N	01W	26		SE	SW	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Description
STOCKWATER FROM STORAGE		Cattle	10 cattle - website won't save the itty above....purpose Hydration
STOCKWATER		Cattle	hydration

6. **Season(s) of Use:**

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

7. **Quantity:**

Water Use	CFS	AF	KW
STOCKWATER FROM STORAGE		2.80	
STOCKWATER	0.02	0.20	

Totals

CFS	AF	KW
0.02	3.00	

8. **Place of Use:**

Water Use	Total Claimed Acreage

STOCKWATER FROM STORAGE							
Township	**Range**	**Section**	**QQ**	**Q**	**County**	**Govt Lot**	**Acres**
65N	01W	26	SE	SW	BOUNDARY		
65N	01W	26	NE	SW	BOUNDARY		
65N	01W	35	NE	NW	BOUNDARY		

STOCKWATER							
Township	**Range**	**Section**	**QQ**	**Q**	**County**	**Govt Lot**	**Acres**
65N	01W	26	SE	SW	BOUNDARY		

9. **Remarks:**

   Given drought conditions, the storage may need to be used for fire protection. There are multiple points of collection on the property from springs and stream. All points feed into storage.

10. **Other Water Rights:**

11. **Basis:**

Basis
License

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

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