

SEP 21 2020  
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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 SNAKE RIVER BASIN WATER SYSTEM

By \_\_\_\_\_  
CIVIL CASE NUMBER: 39576 Clerk  
Claim ID: \_\_\_\_\_ Deputy Clerk  
Date Received: \_\_\_\_\_  
Receipt No: \_\_\_\_\_  
Claim Fee: \_\_\_\_\_ By: \_\_\_\_\_

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) BRIAN D OR CHRISTINE L COLLETT Phone ( 208 ) 834-2062  
Mailing address 24777 COLLETT ROAD OREANA IDAHO Zip 83650  
Street or Box City State  
Email address (optional) collettranch@gmail.com

2. Date of priority: (Only one per claim) MAY 5TH, 1884 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ( ) or Other (✓) (a) DOYLE MOUNTAIN SPRING  
which is tributary to (b) BIRCH CREEK

4. Location of point of diversion is: Township 7S, Range 1E, Section 7,  
SE 1/4 of SE 1/4, or Govt. Lot NE BM, County of OWYHEE;

Parcel no. \_\_\_\_\_

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.  
HEADBOX, TROUGH, PIPE 1/24/1942

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For STOCKWATER purposes from 01/01 to 12/31 amount .01 cfs (✓) or AFY ( )  
Month/Day Month/Day  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total quantity claimed .01 cfs (✓) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
STOCKWATER, 4964 STOCKCOWS

9. Location of place of use is: Township 7S, Range 1E, Section 7,  
SE 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. \_\_\_\_\_

for (check one) Domestic ( ) Stock (✓) Domestic and Stock ( )  
If different than shown in Item 4

Additional places of use, if any \_\_\_\_\_

10. In which county(ies) are lands listed above as place of use located? OWYHEE

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.  
WATER RIGHT USED BY ALL LIVESTOCK IN GRAZING ALLOTMENT. or None ( )

13. Remarks (include an explanation of the priority date selected):  
DEEDS SHOWING CHAIN OF OWNERSHIP. PUBLIC LAND

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 57-2379

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: / \_\_\_\_\_

**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) Brian D Collett Date: 9/4/2020  
Christine L Collett Date: 9.4.2020

**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) \_\_\_\_\_ Claim ID \_\_\_\_\_