DISTRICT COURT - SRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

SEP 21 2020

By _____ Clerk
Deputy Clerk

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

# 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**

**CIVIL CASE NUMBER: 39576**
Claim ID: _____
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 (Street or Box) OREANA (City) IDAHO (State) Zip 83650

   Email address (optional) collettranch@gmail.com

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

3. Source of water supply (Check one) Ground Water ( ) or Other (✔) (a) PIXLEY CREEK

   which is tributary to (b) CASTLE CREEK

4. Location of point of diversion is: Township 7S, Range 1W, Section 26,

   NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of OWYHEE;

   Parcel no. _____

   Additional points of diversion, if any: S15 SE SW ENDING POINT

   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.

   _____

   _____

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

   | | | Month/Day | | Month/Day | | cfs (✔) or AFY ( ) |
   |---|---|---|---|---|---|---|
   | For | STOCKWATER | purposes from | 01/01 | to | 12/31 | amount 1.0 |
   | For | | purposes from | | to | | amount |

7. Total quantity claimed 1.0 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 1W, Section 15,

SE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) **Domestic** ( ) **Stock** (✔) **Domestic and Stock** ( )

Additional places of use, if any S22,SWNE,SWSE,SENW,SESW,NWSE,SWSE;S26,NESW,NWSW;S27,NWNE

10. In which county(ies) are lands listed above as place of use located? SWNE,SENE,NESE. 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.
THIS RIGHT USED BY ALL LIVESTOCK IN GRAZING ALLOTMENT or None ( )

13. Remarks (include an explanation of the priority date selected):
DEEDS SHOWING CHAIN OF TITLE; PUBLIC LANDS

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 57-11453

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 _____