

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

Ident. Number: 96-7295

Date Received: 7/12/2023

Receipt No: 2043824

Claim Fee: \$25.00

Received By: NS

RECEIVED
JUL 12 2023
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

1. Name of Claimant(s)

BRIAN KIMENER
476 GOLDEN GATE RD
PRIEST RIVER ID 83856

Phone: (757) 650-4835

AND/OR

STEPHENIE KIMENER
476 GOLDEN GATE RD
PRIEST RIVER ID 83856

Phone: (208) 627-9464

2. Date of Priority: 11/26/1974

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	04W	36	SW NE		BONNER	

5. Description of diverting works:

WELL WITH PUMP AND PIPE TO PLACE OF USE.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.04		1.2
STOCKWATER	1/01	12/31	0.05		2.7

7. Total Quantity Appropriated is:

0.09 C.F.S. and/or 3.9 A.F.A.

8. Non-irrigation uses:

STOCKWATER USE FOR MIXED STOCK
DOMESTIC USE FOR ONE HOME.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	04W	36	SW		NE		

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	04W	36	SW		NE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:
SEE LICENSE 96-7295.

13. Basis of Claim: License

14. 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 CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do _____ do not X 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 J. Kimura

Date:

7/12/23

Date: _____