

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 96-8806

Date Received: 10/18/2022

Receipt No: T114342

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ESSENTIAL OIL RESEARCH FARM LLC	1538 WEST SANDALWOOD DR.	LEHI	UT	USA	84043

2. Date of Priority:

Date	Explanation
8/1/1994	

3. Source:

Source	Tributary
UNNAMED STREAM	DEEP CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
59N	01W	16		SE	NE	BONNER		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			
STOCKWATER		Mixed Stock	Stock water for grazing and research as needed

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3/15	11/15
STOCKWATER	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.06	9.00	
STOCKWATER	0.02	0.30	

Totals

CFS	AF	KW
0.06	9.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	3.00

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
59N	01W	15	NW	NW	BONNER		3.00

STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
59N	01W	15	NW	NW	BONNER		
59N	01W	15	NW	NE	BONNER		
59N	01W	15	SE	NW	BONNER		
59N	01W	15	SW	NE	BONNER		
59N	01W	15	SW	NW	BONNER		
59N	01W	15	SE	NE	BONNER		
59N	01W	15	NE	NW	BONNER		



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 Clark Fork-Pend Oreille 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

Title of _____
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