

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 98-8005
Date Received: 8/20/2026
Receipt No: T128123

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ALTA FOREST PRODUCTS LLC	810 NW ALTA WAY	CHEHALIS	WA	USA	98532-7648
ALTA FOREST PRODUCTS LLC	PO BOX 135	NAPLES	ID	USA	83847-0135

2. Date of Priority:

Date	Explanation
8/1/2019	

3. Source:

Source	Tributary
DEEP CREEK	KOOTENAI RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
60N	01E	6	7	SW	SW	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Description
INDUSTRIAL FIRE PROTECTION			

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
INDUSTRIAL	01/01	12/31
FIRE PROTECTION	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
INDUSTRIAL	1.00	63.70	
FIRE PROTECTION	1.00		

Totals

CFS	AF	KW
2.00	63.70	

8. Place of Use:

Water Use	Total Claimed Acreage
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INDUSTRIAL							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
60N	01E	6	NW	SW	BOUNDARY	6	
60N	01E	6	SW	SW	BOUNDARY	7	
60N	01E	7	NW	NW	BOUNDARY	1	
FIRE PROTECTION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
60N	01E	6	NW	SW	BOUNDARY	6	
60N	01E	6	SW	SW	BOUNDARY	7	
60N	01E	7	NW	NW	BOUNDARY	1	

Place of Use Map

Place of Use Map

9. Remarks:

I work for Alta Forest Products. This water right is for that company.

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