

**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 KOOTNENAI RIVER BASIN WATER
SYSTEM

CIVIL CASE NUMBER: 89576

RECEIVED

SEP 02 2026

IDWR / NORTH

Ident. Number: 98-7436
Date Received: 9/2/2026
Receipt No: **N046321**
Claim Fee: **\$2500**
Received By: **M.B.**

**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)

BARNHART LIVING TRUST
1948 MEADOW CREEK RD
BONNERS FERRY ID 83805

Phone: (208) 267-7020

2. Date of Priority: 11/2/1982

3. Source:

GROUND WATER
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
62N	02E	6	SW SE		BOUNDARY	
62N	02E	6	SW SE		BOUNDARY	

5. Description of diverting works:

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

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
62N	02E	6	SE		SE		

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:

Two points of diversion located within the SWSE, S6, T62N, R2E.

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 KOOTNENAI 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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

Trustee of Barnhart Living Trust
Agents 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 JoAnn C. Barnhart Date 9/3/2026

Printed Name of Authorized Agent JoAnn C. Barnhart