

RECEIVED

SEP 22 2026

IDWR / NORTH
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: 98-7269
Date Received: 9/22/2026
Receipt No:
Claim Fee: \$53.00
Received By: TS No 46390

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

BERWICK REVOCABLE TRUST
704 GREEN PASTURE RD
NAPLES ID 83847

Phone: (208) 627-6235

2. Date of Priority: 5/25/1978

3. Source:
UNNAMED STREAM

Trib. to:
SINKS

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	01E	6	SE 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
FIRE PROTECTION	1/01	12/31	0.08		
IRRIGATION	3/15	11/15	0.04		6
IRRIGATION FROM STORAGE	3/15	11/15			4.6
IRRIGATION STORAGE	1/01	12/31			4.6
STOCKWATER STORAGE	1/01	12/31			4.6

7. Total Quantity Appropriated is:

0.08 C.F.S. and/or 10.6 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	01E	6	SE		SE		2

Total Acres = 2

IRRIGATION STORAGE same as IRRIGATION
IRRIGATION FROM STORAGE same as IRRIGATION
STOCKWATER STORAGE same as IRRIGATION
FIRE PROTECTION same as IRRIGATION

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:

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 X 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 BERNICK REVOCABLE 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  Date 9-22-26

Printed Name of Authorized Agent EARL BERNICK