

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 98-4035

Date Received: 9/22/2026

Receipt No:

N&46413

RECEIVED

SEP 22 2026

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHNNIE TESAR	531767 HWY 95	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
7/1/1968	

3. Source:

Source	Tributary
ROUND PRAIRIE CREEK	MOYIE RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
65N	02E	21		SE	SW	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
IRRIGATION				4 acres are irrigated though the shapefile doesn't reflect as much.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	7/01	8/30

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.08		

Totals

CFS	AF	KW
0.08		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	4.00

IRRIGATION								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
65N	02E	21	SE	SW	BOUNDARY		4.00	

9. Remarks:

10. Other Water Rights:

11. Basis:

Basis
Statutory Claim

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): Johnnie Tesar Date: 9-22-26
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