

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 98-4302

Date Received: 9/22/2026

Receipt No:

AC128517

RECEIVED

SEP 22 2026

DEPT. OF WATER RESOURCES

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CLAIRE FLORY	8057 MEADOW CREEK ROAD	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
6/15/1905	Per 98-4302 WR.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
63N	02E	16		SE	NE	BOUNDARY		Spring Box Location

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
DOMESTIC	2			Small home being built on property.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.01		

Totals

CFS	AF	KW
0.01		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
63N	02E	16	SE	NE	BOUNDARY		
63N	02E	16	NE	SE	BOUNDARY		
63N	02E	16	SW	NE	BOUNDARY		
63N	02E	16	NW	NE	BOUNDARY		
63N	02E	16	SW	NE	BOUNDARY		
63N	02E	16	NE	SE	BOUNDARY		
63N	02E	16	NE	NE	BOUNDARY		
63N	02E	16	SE	NE	BOUNDARY		
63N	02E	16	SE	NE	BOUNDARY		



9. Remarks:

10. Other Water Rights:

98-7796

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): Clare E Flory Date: 9.22.2026
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Trustee of Flory Rev Trust
 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 Claire E Flory Date 9-22-2026

Title and Organization Claire E Flory
Please print name