

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 98-7193
Date Received: 9/22/2026
Receipt No: N046451

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CHRISTINE YORK	398 AMBER LN	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
4/1/1978	License Based Priority Date

3. Source:

Source	Tributary
SPRING	MOYIE RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
64N	02E	3	2	NW	NE	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
DOMESTIC	1			Used for general domestic purposes and some irrigation

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	0.04		

Totals

CFS	AF	KW
0.04		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
64N	02E	3	SW	NE	BOUNDARY		
64N	02E	3	NW	NE	BOUNDARY	2	

9. Remarks:

10. Other Water Rights:

Claim 98-8358 was filed for same property.

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: _____

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SEP 22 2026
IDWR / NORTH

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): Debbie York Date: 09-22-26

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