

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 98-7869
Date Received: 9/24/2026
Receipt No:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FOUST REVOCABLE INTER VIVOS TRUST	601 USHER LN	BONNERS FERRY	ID	UNITED STATES	83805
PHYLLIS FOUST	601 USHER LN	BONNERS FERRY	ID	UNITED STATES	83805
DAVID FOUST	601 USHER LN	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
6/24/1953	

3. Source:

Source	Tributary
SPRING	SINKS

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
62N	01E	1		NW	SE	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Description
STOCKWATER		Chickens	up to five chickens
FISH PROPAGATION			Propagation in natural pond for bass, trout, and brown trout

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	01/01	12/31
FISH PROPAGATION	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.01		
FISH PROPAGATION	0.01		

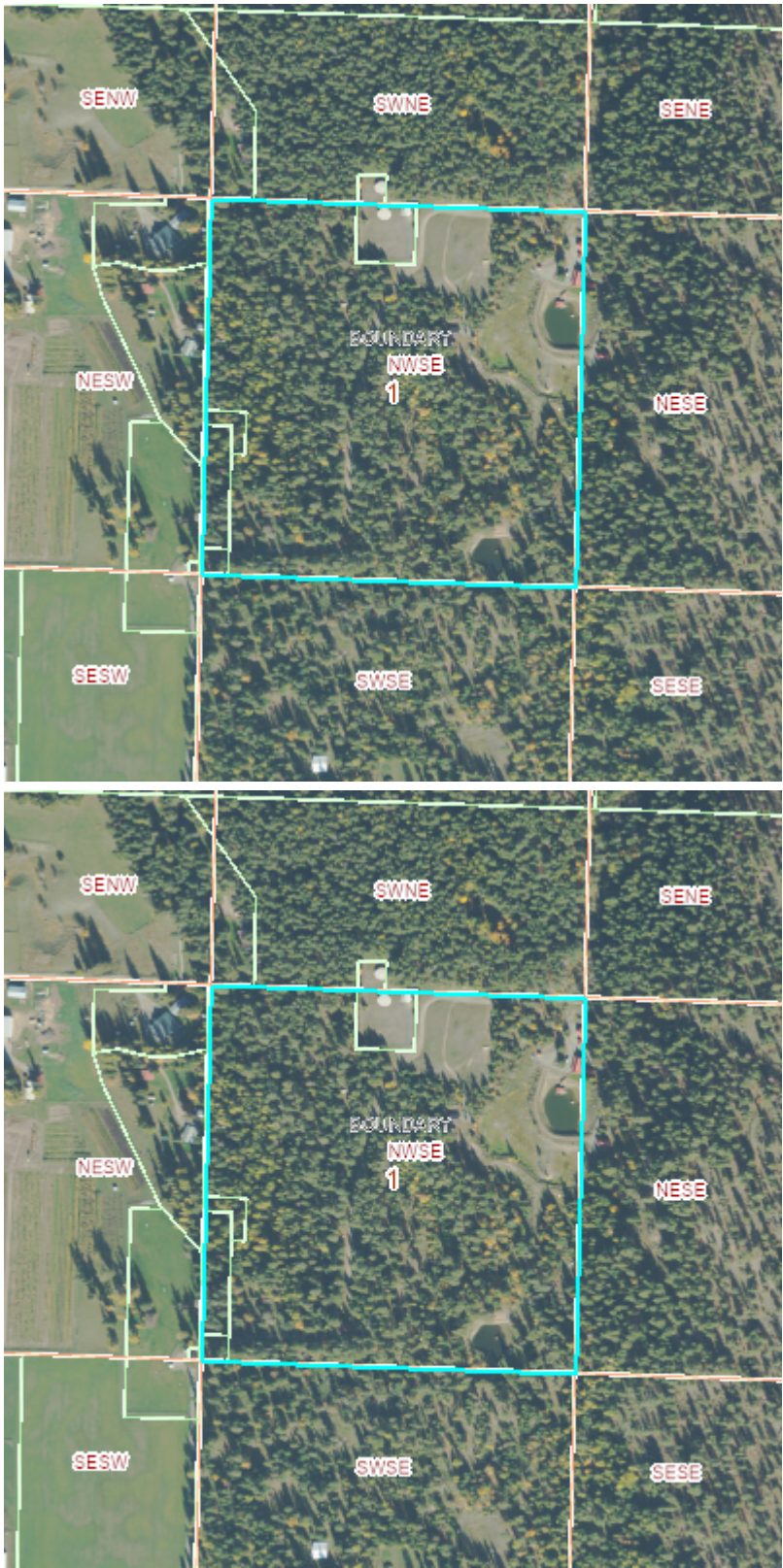
Totals

CFS	AF	KW
0.02		

8. Place of Use:

Water Use	Total Claimed Acreage
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STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
62N	01E	1	NE	SE	BOUNDARY		
62N	01E	1	NW	SE	BOUNDARY		
FISH PROPAGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
62N	01E	1	NW	SE	BOUNDARY		



9. **Remarks:**

10. **Other Water Rights:**

ADJ claim to wells, WR 98-7870 for stockwater use of spring

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: _____

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): _____ Date: _____
_____ 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