

**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 98-2054
Date Received: 9/23/2026
Receipt No:

N046493

RECEIVED
SEP 23 2026
IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JB OXLEY TRUST	6130 N 16TH ST	PHEONIX	AZ	UNITED STATES	85016
NATHAN YODER	451 HICKORY RD	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
7/15/1940	

3. Source:

Source	Tributary
UNNAMED STREAM	DEEP CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
61N	01W	12		NE	NW	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
IRRIGATION				use for hay, garden, and trees

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3/15	11/15

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.14		

Totals

CFS	AF	KW
0.14		

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	7.00

IRRIGATION								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
61N	01W	12	SE	NE	BOUNDARY		2.00	
61N	01W	12	NE	NE	BOUNDARY			
61N	01W	12	SW	NE	BOUNDARY		5.00	



9. Remarks:

10. Other Water Rights:

filing AD claim for wells

11. Basis:

Basis
License

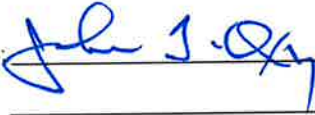
12. Signature(s):

(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:

Sep 23, 2024

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