

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 98-7786

Date Received: 9/23/2026

Receipt No:

N046513

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SARAH MICHELLE JIMENEZ	994 SKYLINE RD	NAPLES	ID	UNITED STATES	83847

2. Date of Priority:

Date	Explanation
1/14/1988	

3. Source:

Source	Tributary
UNNAMED STREAM	BROWN CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
61N	01E	33		NE	NW	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
DOMESTIC	1			1 HOME

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04	1.20	

Totals

CFS	AF	KW
0.04	1.20	

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
61N	01E	33	NE	NW	BOUNDARY			



9. Remarks:

have 3 horses on the property, toughs developed

RECEIVED

SEP 23 2026,

IDWR / NORTH

10. Other Water Rights:

filing adj claim for groundwater

11. Basis:

Basis
License

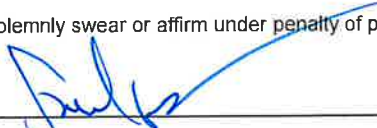
12. Signature(s):

(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:

9/23/2026

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