

RECEIVED
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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 98-7264

Date Received: 9/23/2026

Receipt No: N046488

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DANIEL E GILBERTSON	2240 BLUE SKY RD	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
6/19/1978	License based, well was completed before this date. Drillers report included with claim.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
62N	01E	36		NW	SE	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	2		Water used at 2240 Blue Sky road (claimants property) as well as neighbors hooked up at 2192 Blue Sky Rd

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	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
	62N	01E	36	NW	SE	BOUNDARY		



9. Remarks:

10. **Other Water Rights:**

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

Signature of Claimant(s): Daniel D. Lbertson Date: 09-23-2026

Date: _____

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

Title of _____
Organization

that I have signed the foregoing document in the space below as

Title of _____
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