

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 KOOTNENAI RIVER BASIN WATER
SYSTEM

CIVIL CASE NUMBER: 89576

Ident. Number: 98-8067
Date Received:
Receipt No:
Claim Fee: \$25.00
Received By: ND46485

RECEIVED

SEP 23 2026

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DUSCHER REVOCABLE INTERVIVOS TRUST
293 FIRESIDE RD
BONNERS FERRY ID 83805

Phone: (208) 290-4841

2. Date of Priority: 11/22/2021

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
62N	01E	12	NE SE		BOUNDARY	

5. Description of diverting works:

Ground water well.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1 /1	12/31	0.06		1.4

7. Total Quantity Appropriated is:

0.06 C.F.S. and/or 1.4 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
62N	01E	12	NE		SE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation: The irrigation occurring under this domestic use shall not exceed 1/2 acre. Domestic use is for 1 home and 1 shop building with water used inside.

13. Basis of Claim: License

14. 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 Adjudication." (b.) I/We do _____ do not x wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

Trustee of Duscher Revocable Inter Trust
Agents Title (please print) Name of Organization (please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent [Signature] Date 9-23-26

Printed Name of Authorized Agent Larry Duscher