

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 98-4234

Date Received: 9/24/2026

Receipt No: *NO46580*

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
KARNES FAMILY LIMITED PARTNERSHIP	65584 HIGHWAY 2	BONNERS FERRY	ID	UNITED STATES	83805
MICHAEL KARNES	65584 HIGHWAY 2	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
1/1/1949	Firsthand recollection of when home was built and stockwater use first began

3. Source:

Source	Tributary
SPRINGS	SINKS
SPRING	SINKS

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
64N	01W	1		NW	NE	BOUNDARY		
64N	01W	1		SW	NE	BOUNDARY		Where spring enters property.

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
STOCKWATER		Cattle	100	up to 100 head of beef cattle

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.04		

Totals

CFS	AF	KW
0.04		

8. Place of Use:

Water Use	Total Claimed Acreage
-----------	-----------------------

STOCKWATER								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
64N	01W	1	NW	NE	BOUNDARY			
64N	01W	1	SW	NE	BOUNDARY			



9. Remarks:

Originally spring water was used for domestic and irrigation use. Home currently serviced by Mission Creek water Association. No longer irrigating with spring water

10. Other Water Rights:

WR 98-4235

11. Basis:

Basis
Statutory Claim

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): Michael W. Jones Date: 9/24/20

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