

**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 98-7846
Date Received: 9/24/2026
Receipt No: **N046663**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JASPER R JOHNSON	108 RILEY DRIVE	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
7/7/2005	

3. Source:

Source	Tributary
UNNAMED STREAM	KOOTENAI RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
64N	01E	6		SW	NE	BOUNDARY		Where the creek is dammed up

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
RECREATION STORAGE				

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
RECREATION STORAGE	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
RECREATION STORAGE		10.00	

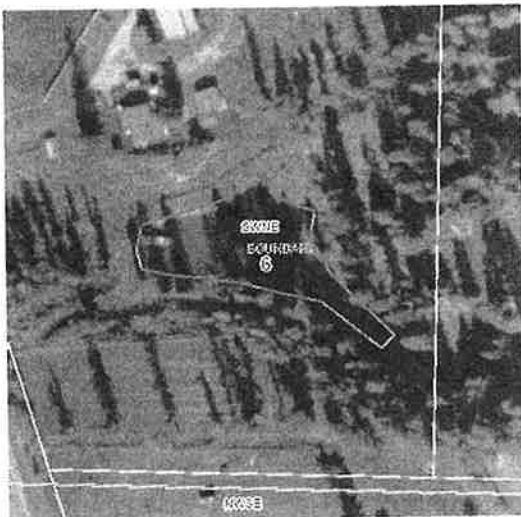
Totals

CFS	AF	KW
	10.00	

8. Place of Use:

Water Use	Total Claimed Acreage
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RECREATION STORAGE								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
64N	01E	6	SW	NE	BOUNDARY			



9. Remarks:

10. Other Water Rights:

RECEIVED
SEP 24 2026
IDWR / NORTH

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: 9-24-26

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