

**DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho**

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO
IN AND FOR THE COUNTY OF TWIN FALLS ! SEP 22 2025

**IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM**

By CIVIL CASE NUMBER: 49576 Clerk
Deputy Clerk

Ident. Number: 95-18704
Date Received:
Receipt No:
Claim Fee: \$25.00
Received By:

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day**

- 1. Name of Claimant(s)**

ASHENBRENNER LIVING TRUST
C/O DONALD ASHENBRENNER
19166 W CABLE CREEK DR
POST FALLS ID 83854

Phone: (208) 660-1644

2. Date of Priority: 4/30/2023

- ### 3. Source:

GROUND WATER

Trib. to:

- #### 4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	06W	25	NE NW		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.06		

- 7. Total Quantity Appropriated is:**

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

- 8. Non-irrigation uses:**

DOMESTIC FOR ONE CAMPER TRAILER

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	06W	25	NE		NW		

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:

DATE WATER WAS FIRST USED FOR DOMESTIC PURPOSES

13. Basis of Claim: Beneficial Use

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 COEUR D'ALENE-SPOKANE River Basin 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: 1

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 ASHENBRENNER LIVING 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 Donald Ashenbrenner Date 09-18-25

Printed Name of Authorized Agent DONALD ASHENBRENNER

