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

MAY 08 2026

By Clerk
Deputy Clerk

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

CIVIL CASE NUMBER: 49576

Ident. Number: 95-18760
Date Received: 4/28/2026
Receipt No: N040003
Claim Fee: $25.00
Received By: NS

RECEIVED
APR 28 2026
IDWR/NORTH

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)

   KARNOW FAMILY TRUST
   C/O ROBERT & NOELLE KARNOW
   5630 E HALF ROUND BAY RD
   HARRISON ID 83833

   Phone: (916) 769-9045

2. Date of Priority: 11/7/2019

3. Source: GROUND WATER

   Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
48N	03W	7		2	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	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
48N	03W	7				2	

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:
WELL COMPLETION DATE; BENEFICIAL USE ESTABLISHED DURING CONSTRUCTION OF HOME

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 _X_ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

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

ROBERT KARNOW of KARNOW FAMILY 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 4/28/2026

Printed Name of Authorized Agent ROBERT KARNOW