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

Form No. 42-1409-2 (Internet 06/21)

AUG 24 2026

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

BY _____ Clerk
_____ Deputy Clerk

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER FROM THE CLARK FORK-PEND OREILLE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576
Claim ID: 95-18792
Date Received: 8.03.26
Receipt No: N0440198
Claim Fee: $25.00 By: NS

RECEIVED
AUG 03 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

Please type or print clearly

1. Name of claimant(s) Chad & Jennifer Roehrman Phone (208) 705-1664 or 915-479-9888
   Mailing address 406 Peacock Lane (Street or Box) Spirit Lake (City) ID (State) Zip 83869
   Email address (optional) cjroehrman@yahoo.com
2. Date of priority: (Only one per claim) ~~July 22 2022~~ (Month/Day/Year (YYYY)) (Explain priority date selected in Remarks) Jan. 17, 2022
3. Source of water supply (Check one) Ground Water (✓) or Other ( ) (a) _____
   which is tributary to (b) _____
4. Location of point of diversion is: Township 54N, Range 4W, Section 21, _____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of Bonner.
   Parcel no. RP01203002008O Parcel Description 21-54N-4W Quail Ridge 3rd ADD BLK 2 Lot 8 CPWRS
   Additional points of diversion, if any: _____
   If available, GPS coordinates: _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
   Well Drilling Permit D0091109
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

		Month/Day		Month/Day	cfs (✓) or AFY ( )
For Domestic	purposes from	1-1	to	12-31	amount .04
For _____	purposes from	_____	to	_____	amount _____

7. Total quantity claimed .04 cfs (✓) or AFY ( )
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
   Domestic, 1 home

9. Location of place of use is: Township 54N, Range 4W, Section 21,

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** ( ) **Domestic and Stock** ( )

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Bonner

11. Do you own the property listed above as place of use? Yes (✓) No ( )
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):
Date reflects closing/ownership of newly built home with its own new well.

14. Basis of claim (check one) Beneficial Use (✓) Posted Notice ( ) License ( ) Permit ( ) Decree ( )

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Clark Fork-Pend Oreille 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: 27 JUL 26

Jennifer Rochrman Date: 7-27-26

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

_____ of _____,
Agent's 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 _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance**:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____