

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

JUN 01 2026

CIVIL CASE NUMBER: 69576

By _____ Clerk
 _____ Deputy Clerk

Ident. Number: 97-9982

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 CLARK FORK-PEND OREILLE RIVER
 BASIN WATER SYSTEM

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

CK# 502139

1. Name of Claimant(s)

LE MIEUX FAMILY TRUST
 C/O JANICE L KALER
 720 W 26TH AVE
 SPOKANE WA 99203

Phone: (509) 939-4240

2. Date of Priority: 12/31/1974

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	05W	12	SW NE	3	BONNER	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME

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 USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	05W	12	SW		NE	3	

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:
YEAR BUILT PER BONNER COUNTY RECORDS

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 CLARK FORK-PEND OREILLE 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: 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 LE MIEUX 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 Janice L. Kaler Date 5-26-26

Printed Name of Authorized Agent Janice L. Kaler

Identify from: **Parcels**

Parcels
LE MIELUX TRUST; KALER, JANICE L TRUSTEES; VANOS, MARLA J

Location: 2,284,427.979 1,933,981.394 Meters

Field	Value
ID	18905095
UPDATED	1/29/2026
PIN	RP00002001003AA
OWNER	LE MIELUX TRUST; KALER, JANICE L TRUSTEES; VANOS, MARLA J
ADDRESS1	4811 S NAPA ST
ADDRESS2	
CITY	SPOKANE
STATE	WA
ZIPCODE	99223-6553
P_ADDRESS	46 OLD SCHNEIDER RD
P_ZIPCODE	83856
SUB_NAME	ADAMS TRACTS
LEGAL1	12-60N-SW ADAMS TRACTS BLK 1 LOTS 3,4
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	0.1
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	1974

Identified 1 feature