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OCT 29 2007

DEPARTMENT OF
WATER RESOURCES

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 85-15539
Date Received:
Receipt No:
Received By:

AMENDED CLAIM

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MARGARET M JOHNSON Phone: (208) 836-5533

31971 GIFFORD ^{Reubens} REBENS RD
LENORE ID USA 83541

2. Date of Priority: 04/30/1900

3. Source: SPRING Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
36N	02W	35	SE NW SE	NEZ PERCE	

5. Description of diverting works:

DEVELOPED SPRING TO TROUGHS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.02	
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.06 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of other uses: 100 HEAD
DOMESTIC USE IS FOR 1 HOUSEHOLD AND LAWN AND GARDEN IRRIGATION.

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres

36N	02W	35	NW	SE	STOCKWATER
36N	02W	35	NW	SE	DOMESTIC

11. Place of use in counties: NEZ PERCE

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Beneficial Use

16. 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 Snake 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: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Margaret Johnson Date: 10-25-07

_____ Date: _____

State of Idaho)
County of _____) ss.

Subscribed and sworn (or affirmed) before me this
of _____ 20__

Notary Public

Residing at _____

My commission Expires _____

ASVAB
Career Exploration Program

*Monica,
FYI: Did not notarize
per phone message.*

Neil

1-800-323-0513
www.asvabprogram.com