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Claim Number:	95-10225
Claim Fee:	\$25.00
Claimant(s):	ROBIN BOHNA 2415 S. WOLF LODGE CREEK ROAD COEUR D'ALENE , ID 83814 BARBARA BOHNA 2415 S. WOLF LODGE CREEK ROAD COEUR D'ALENE , ID 83814
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:
Idaho Department of Water Resources
North Idaho Adjudication
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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 COEUR
D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 49576
Ident. Number: 95-10225
Date Received: 4/2/09
Receipt No.: N020216

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ROBIN BOHNA	2415 S. WOLF LODGE CREEK ROAD	COEUR D'ALENE	ID	USA	83814
BARBARA BOHNA	2415 S. WOLF LODGE CREEK ROAD	COEUR D'ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
9/21/2004	

3. Source:

Source	Tributary	Type
GROUNDWATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	02W	21		NW	SW	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic, yard, garden

6. Season(s) of Use:

Water Use From Month/Day To Month/Day

DOMESTIC 1 / 31 12 / 31

7. Quantity:**Water Use CFS AF KW**

DOMESTIC 0.030 0.00 0.0

Totals:**CFS AF KW**

0.030 0.00

8. Place of Use:**Water Use Township Range Section QQ Q County Gov Lot Acreage**

DOMESTIC 50N 02W 21 NW SW KOOTENAI - -

9. Basis of Claim:**Basis**

Beneficial Use

10. 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 ___ 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: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____
Please print name