

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 95-10659
Date Received: 6/15/2009
Receipt No: N020898
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**

1. Name of Claimant(s)

SCOTT JOHNSON Phone: (208)687-5125
10952 W TWIN LAKES RD
RATHDRUM ID USA 83858

OR

REBECCA JOHNSON Phone: (208)687-5125
10952 W TWIN LAKES RD
RATHDRUM ID USA 83858

2. Date of Priority: 08/17/2007

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County Type
53N 05W 35 SW SE 1. 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.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:
Township Range Section 1/4 of 1/4 Lot Use Acres
53N 05W 35 NW SE DOMESTIC
SW SE 1 DOMESTIC

11. Place of use in counties: KOOTENAI

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 COEUR D'ALENE-SPOKANE 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: 1

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: 6/15/09

Date: _____

form AA - All States Except California

Goulds Pumps ProSurance® Five Year Protection Plan



See the Terms and Conditions on the back. For claims contact the Goulds Pumps Authorized Dealer listed below.
PLEASE PRINT CLEARLY, (black ink please). All capital letters, one letter per box with one space between words.

GOULDS PUMPS DEALER

Name															Goulds Pumps Dealer Number														
AAA Pump Service																													
P.O. Box															Dealer's Phone Number														
Street Address															1185														
City																													
US State															CANADA														
ZIP															Code														

Dealer's Signature M. D. Walter Date: 8-17-07

PURCHASER (Location of the Installation)

Name															Purchaser's Phone Number														
S. C. O. H. T. Johnson																													
P.O. Box																													
Street Address															10952 W. T. W. N. K. S. Ad														
City															R. H. T. H. D. C. U. M. I. D.														
US State															CANADA														
ZIP															Code														

Purchaser's Signature _____ Date: _____

PRODUCT COVERAGE - \$50

Installation Date (mo/day/yr)															Submersible Depth															Feet														
081707															30																													
Pump Model No.															Pump Serial No.																													
136510412															130715786																													
Hydro-Pro Tank Model No.															Hydro-Pro Tank Serial No.																													
Motor Model No.															Motor Serial No.																													
BF Controller Model No.															BF Controller Serial No.																													