

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 49576
NUMBER:
Ident. Number: 95-9095
Date Received:
Receipt No.:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
NOV 17 2009
IDWR/North

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RODNEY J JOHNSON	32165 E. HAYDEN LAKE RD	HAYDEN LAKE	ID	USA	83835

2. Date of Priority:

Date	Explanation
8/22/2001	Provided by web site

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	03W	33		SE	SE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.050	3.00	0.0
IRRIGATION	0.050	7.50	0.0

Totals:

CFS	AF	KW
0.050	7.50	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	2.5

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	52N	03W	33	SE	SE	KOOTENAI	-	-
IRRIGATION	52N	03W	33	SE	SL	KOOTENAI	-	2.5

9. Basis of Claim:

Basis	WaterRight
License	95-9095

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 ___ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

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): *Rockney Johnson* Date: 11/12/09
Maggie Johnson Date: 11/12/09

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