

**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: 95-11770
Date Received: 01/12/2010
Receipt No.: T089886**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
01/12/2010	T089886	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
TOM JOHANNESSEN	127 WESTWOOD CT	WINTERS	CA	USA	95694

2. Date of Priority:

Date	Explanation
6/30/2009	The well was drilled in June of 2009. The house is in the process of being built, and the well has not been put into full service yet.

3. Source:

Source	Tributary	Type
GROUNDWATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	05W	30		SE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	2	-	There is currently one home on the property, but there are two building sites. I have selected two homes for that reason.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	05W	30			KOOTENAI	45	-

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 ___ 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 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