

**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:** 95-11761  
**Date Received:** 01/11/2010  
**Receipt No.:** T089882

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

**Payment:**

| Date Submitted | IDWR Receipt No. | Amount  |
|----------------|------------------|---------|
| 01/11/2010     | T089882          | \$25.00 |

**1. Name of Claimant(s):**

| Name         | Address                | City       | State | Country | Postal Code |
|--------------|------------------------|------------|-------|---------|-------------|
| JOHN JOHNSON | 16653 W. RIVERVIEW DR. | POST FALLS | ID    | USA     | 83854       |

**2. Date of Priority:**

| Date     | Explanation                     |
|----------|---------------------------------|
| 6/4/2003 | Date home was connected to well |

**3. Source:**

| Source      | Tributary            | Type |
|-------------|----------------------|------|
| GROUNDWATER | TRIBUTARY NOT NEEDED |      |

**4. Point Of Diversion:**

| Township | Range | Section | Gov Lot | QQ | Q  | County   |
|----------|-------|---------|---------|----|----|----------|
| 50N      | 05W   | 8       |         | SE | NE | KOOTENAI |

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

| Water Use | Number Of Homes | Stock | Description |
|-----------|-----------------|-------|-------------|
| DOMESTIC  | 1               | -     | Domestic    |

**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  | 0.020 | 0.00 | 0.0 |

**Totals:**

| CFS   | AF   | KW |
|-------|------|----|
| 0.020 | 0.00 |    |

**8. Place of Use:**

|   |
|---|
| - |
|---|

**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