

**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: 95-16347
Date Received: 12/01/2011 *LM*
Receipt No.: NO 28675

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JONI LOU JEMISON	11579 N HAUSER LAKE RD	HAUSER	ID	USA	83854
FREDERICK E. JEMISON	11579 N HAUSER LAKE RD	HAUSER	ID	USA	83854

2. Date of Priority:

Date	Explanation
6/1/1961	WELL STORAGE TANK WITHIN WALLS OF ORIGINAL HOME ON PROPERTY BUILT 1961. HOME HAS SINCE BEEN EXPANDED WITH ORIGINAL STRUCTURE INCLUDED IN PRESENT HOME.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
51N	06W	13		SE	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock		Description				
DOMESTIC	1	-						
STOCKWATER	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Horses</td><td>1 - 10</td></tr></table>	Type of Stock	Number of Stock	Horses	1 - 10	3 HORSES HAVE BEEN KEPT ON PROPERTY AND GOT WATER FROM WELL.	
Type of Stock	Number of Stock							
Horses	1 - 10							

6. Season(s) of Use:

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

STOCKWATER	1 / 1	12 / 31
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7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	51N	06W	13	SE	NE	KOOTENAI	-	-
STOCKWATER	51N	06W	13	SE	NE	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 ___ 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): Joni Lou Jensen Date: 12-1-11
 _____ 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