

**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: 94-8670

Date Received:

Receipt No.: NO 28627

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
TRESA JOHNSON	PO BOX 1381	PINEHURST	ID	USA	83850
KEVIN JOHNSON	PO BOX 1381	PINEHURST	ID	USA	83850

2. Date of Priority:

Date	Explanation
9/1/1978	I have lived on this property since that year and it has always had a well. I'm sure it had a well before that year, but 1978 is the year I know for certain.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
SURFACE WATER, ALL	PINE CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	02E	30		SW	NE	SHOSHONE
48N	02E	30		SW	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic, drinking, daily household use and lawn irrigation in the summer and fall months

STOCKWATER	-	Type of Stock	Number of Stock	water for 1 horse
		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

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
0.060	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	02E	30	SW	NE	SHOSHONE	-	-
STOCKWATER	48N	02E	30	SW	NE	SHOSHONE	-	-

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 _____,