

**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: 93-7117
Date Received: 2-14-11
Receipt No.: N026566 A

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
THELMA M. JOHNSON	C/O GARY A & DALE R JOHNSON 3844749 HWY 95	TENSED	ID	USA	83870

2. Date of Priority:

Date	Explanation
2/1/1952	HOME BUILT IN 1952 FOR CLAIMANT. WELL COMPLETED BEFORE HOME OCCUPIED IN FEB 1952. NO WELL RECORD AVAILABLE. NO OTHER SOURCE OF WATER AVAILABLE FOR DOMESTIC OR STOCKWATER USE FOR FARMSTEAD ON PROPERTY.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
45N	05W	34		SE	SW	BENEWAH

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

Water Use	Number Of Homes	Stock		Description
DOMESTIC	1	-		HOME BUILT 1952 FOR CLAIMANT. NO WELL RECORD AVAILABLE. NO OTHER SOURCE OF WATER ON PROPERTY FOR FARMSTEAD.
STOCKWATER	-	Type of Stock	Number of Stock	SHEEP CATTLE AND HORSES HAVE BEEN ON PROPERTY. LIVESTOCK STILL ON PROPERTY.
		Mixed Stock	11 - 25	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day

SCANNED
FEB 23 2011

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
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	45N	05W	34	SE	SW	BENEWAH	-	-
STOCKWATER	45N	05W	34	SE	SW	BENEWAH	-	-

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: 1 / _____

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): Thelma Johnson Date: 12-16-10
 _____ 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

SCANNED

FFR 7 3 2011