

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 92-10866

Date Received: 6-9-11

Receipt No: NO 27589

Received By: RECEIVED

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

JUN - 9 2011

IDWR/NORTHERN

Please type or print clearly

1. Name of Claimant (s) Barbara Robinson Johnston Phone (208) 245-3302

Mailing Address 129 Garden Tracts Road St. Maries ID 83861
Street or Box City State ZIP

2. Date of Priority (Only one (1) per claim) 08/20/1973
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) an unnamed stream (spring)
which is tributary to (b) sinks

4. a. Location of Point of Diversion is: Township 46N, Range 02W, Section 36,
NW, 1/4 of NE, 1/4 Govt. Lot _____, BM., County of Benewah

Parcel (PIN) no. RP46N02W360700A

Additional points of diversion if any: n/a

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township 46N, Range 2W, Section 36, NW, 1/4 of NE, 1/4

Govt. Lot _____, BM., County of Benewah

ending point is: Township 46N, Range 2W, Section 36, NW, 1/4 of NE, 1/4

Govt. Lot _____, BM., County of Benewah

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed
and as enlarged and the depth of each well. Earth Dam with storage water - recreational use

SCANNED
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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Recreational Use purposes from 1/1 to 12/31 amount _____ or n/a

For Storage purposes from 1/1 to 12/31 amount _____ or 3.0

For Irrigation purposes from 3/15 to 11/15 amount _____ or 1.5

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) 4.5 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Recreational fish propagation

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
46N	02W	36		X															.5

Parcel (PIN) no(s) RP46N02W360700A

Total number of acres irrigated .5

10. In which county (ies) are lands listed above as place of use located? Benewah

11. Do you own the property listed above as place of use? Yes (✓) No ()

If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks: _____

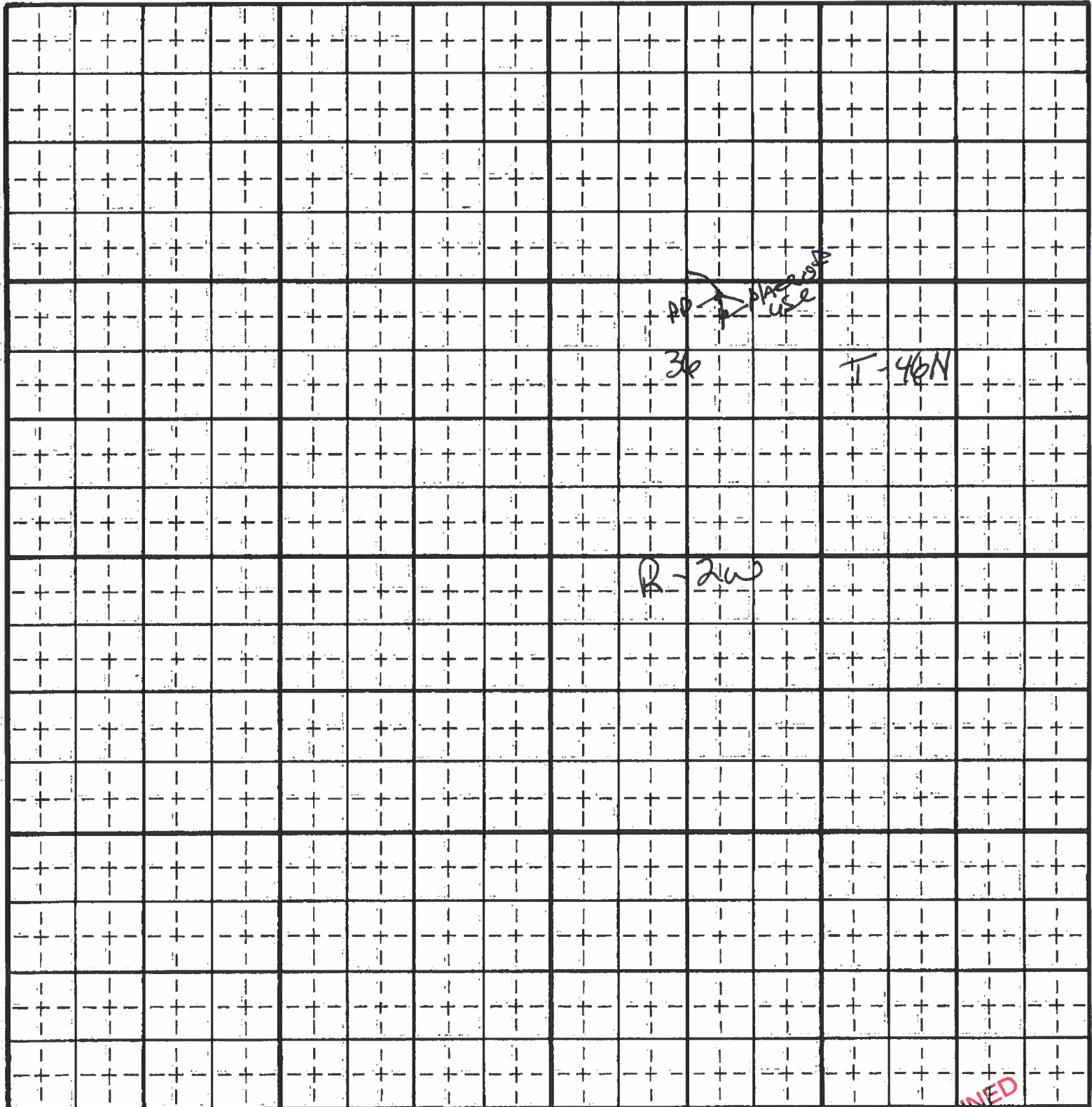
Last Name Johnston

Identification No. _____

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Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile



Last Name Johnston

Identification No. _____

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14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License (✓) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 92-7014

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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) Barbara Robinson Johnston Date: 5-20-2011

Deceased 6-29-1992 John Jack F. Johnston 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 _____

16. Notice of Appearance:

Notice is hereby given that I, Scot D. Nass of Paine Hamblen LLP, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature [Signature] Date 6/2/11

Address 701 E Front Avenue, Suite 101, Coeur d'Alene, ID 83814-4914

Last Name Johnston Identification No. _____

Last Name Johnston Identification No. _____

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