

RECEIVED
JUL 23 2010IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE NORTH
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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 95-14516Date Received: 7/23/10Receipt No: N025280Received By: 6

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) MAXIM A. JOHNSTON et al Trustees Phone (509) 924-0018Mailing Address 3812 S. RIDGEVIEW DR spokane Valley, WA Zip 99206
Street or Box City State2. Date of Priority: (Only one per claim) 1960
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) Lake Coeur d'Alene
which is tributary to (b) SPOKANE RIVER4. Location of Point of Diversion is: Township 47 North Range 4 West, Section 2
Block 1, Lot 12 & S. 1/2 of Lot 13
1/4 of 1/4, or Govt. Lot _____ BM. County of KootenaiParcel (PIN) no. 0-7120-110-012-A

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, 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.

Submersible pump with piping to THE House

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 1/31 to Dec 31 amount 0.04 CFS
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic- 1 HomeSCANNED
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9. Location of Place of Use is: Township 47N, Range 4W, Section 2,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) Domestic (X) Stock () Domestic and Stock ()

If different than shown in Item 4

Additional places of use, if any _____

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

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

If the 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:

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

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

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

Trustee For the TRUST of Johnston Survivor Trust,
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 Maxim A. Johnston, TTE Date 7/20/2010

Title and Organization JOHNSTON SURVIVOR TRUST

16. Notice of Appearance:

Notice is hereby given that I, _____, 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

MAXIM A. JOHNSTON, TTE

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