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: 95-17698

Date Received: 11/30/2018

Receipt No: N033927

Received By:

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

1. Name of Claimant(s)

CAROL JOHNSON
3418 S CHAPMAN RD
GREENACRES WA 99016

2. Date of Priority: 9/26/2002

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of 1/4 of 1/4 | | Lot | County | Type |
|---|---|---|---|---|---|---|---|
| 48N | 04W | 1 | SW | NE | 2 | KOOTENAI | |

5. Description of diverting works:

6: Water is used for the following purposes:

| Purpose | From To | C.F.S. | (or) A.F.A |
|---|---|---|---|
| DOMESTIC | 1 /1 12/31 | 0.04 | 0 |

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

| Water Use | Type Of Stock | Number Of Stock |
|---|---|---|

9. Place of use:

| Township | Range | Section | 1/4 of 1/4 | | Lot | Use | Acres |
|---|---|---|---|---|---|---|---|
| 48N | 04W | 1 | SW | NE | 2 | DOMESTIC | |
| | | | SE | NW | 2 | DOMESTIC | |
| | | | SE | NW | | DOMESTIC | |
| | | | | | | Section Acres | |
| | | | | | | Total Acres | |

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: Date of second well drilled on same parcel which contains 2 lots (Tx 4335, 4599)

| Description of use: | Water Use | Description |
|---|---|---|
| | DOMESTIC | Domestic household uses. |

14. Basis of Claim: Beneficial Use

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 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.

For Individuals: I/We do solemnly swear or affirm under penalty or 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 or 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