

# 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 CLARK FORK-PEND OREILLE RIVER  
BASIN WATER SYSTEM**

**CIVIL CASE NUMBER: 69576**

Claim ID: 97-8379  
Date Received: 2-14-22  
Receipt No: N038398  
Claim Fee: 25.00 By: JE

**RECEIVED**

**FEB 14 2022**

**IDWR / NORTH**

## 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**

**Please type or print clearly**

1. Name of claimant(s) Bates Leroy Coffield Jr. and/or Barbara Jean Johnson Phone (208) 4480318  
Mailing address 12893 Hwy 57 Priest River ID Zip 83856  
Street or Box City State  
Email address (optional) batescoffield@gmail.com
2. Date of priority: (Only one per claim) 12/31/1907 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (☒) or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_
4. Location of point of diversion is: Township 58N, Range 05W, Section 34,  
NE 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM, County of BONNER;  
Parcel no. RP 58N05W342900 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.  
Hand dug well, 6 feet west of 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 1/1 to 12/31 amount 0.04 cfs (☒) or AFY ( )  
Month/Day Month/Day  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_
7. Total quantity claimed 0.04 cfs (☒) or AFY ( )
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
domestic use 1 home

9. Location of place of use is: Township 58N, Range 05W, Section 34,  
NE 1/4 of NW 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. same  
If different than shown in Item 4  
for (check one) **Domestic** (✓) **Stock** ( ) **Domestic and Stock** ( )

Additional places of use, if any \_\_\_\_\_

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

11. Do you own the property listed above as place of use? Yes (✓) 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 (include an explanation of the priority date selected):

Year build per Conner County records.

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 \_\_\_\_\_

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 Clark Fork-Pend Oreille River Basin Water System 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: 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) Betsy Lee Johnson Date: 02/10/2022  
Barbara Jean Johnson Date: 02/10/2022

**For Organizations:** I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

\_\_\_\_\_ of \_\_\_\_\_,  
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Authorized Agent \_\_\_\_\_

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) \_\_\_\_\_, will be acting as attorney at law of behalf on 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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Name of claimant(s) \_\_\_\_\_ Claim ID \_\_\_\_\_