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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 49576
 NUMBER:
 Ident. Number: 95-17695
 Date Received: 11-30-2018
 Receipt No.: N033928


NOTICE OF CLAIM TO A WATER RIGHT
 ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CAROL JOHNSON	3418 S CHAPMAN RD	GREENACRES	WA	USA	99016
ERIC JOHNSON	6215 S. KANIKSU CT.	SPOKANE	WA	USA	99206

2. Date of Priority:

Date	Explanation
1/1/1960	County Assessor has the date of development of property as 1960.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04W	1		SE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	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	48N	04W	1	SE	NW	KOOTENAI	-	-
DOMESTIC	48N	04W	1	SE	NW	KOOTENAI	2	-
DOMESTIC	48N	04W	1	SW	NE	KOOTENAI	2	-

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: _____

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): Carol Johnson Date: 11/26/18
 _____ 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

Print Claim Stub

**Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
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payment.**

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information and include it with your payment.
Please type or write clearly. Please include the claim number shown
below on any supporting documents you submit to IDWR.**

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Claim Number:	95-17695
Claim Fee:	\$25.00
Claimant(s):	CAROL JOHNSON 3418 S CHAPMAN RD GREENACRES , WA 99016 ERIC JOHNSON 6215 S. KANIKSU CT. SPOKANE , WA 99206
Claimed Purpose(s) of Use:	DOMESTIC

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**Office address and phone number:
IDAHO DEPARTMENT OF WATER RESOURCES**