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NOV 30 2018

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: 95-17698

Date Received: 11-30-2018

Receipt No.: N033927

DL

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

2. Date of Priority:

Date	Explanation
9/26/2002	Date of second well drilled on same parcel which contains 2 lots (Tx 4335, 4599)

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	2	SW	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic household uses.

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.**

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**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: 95-17698

Claim Fee: \$25.00

Claimant(s): CAROL JOHNSON

3418 S CHAPMAN RD  
GREENACRES , WA  
99016

Claimed Purpose(s) of Use: DOMESTIC

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**Office address and phone number:**

IDAHO DEPARTMENT OF WATER RESOURCES  
7600 N MINERAL DR STE 100  
COEUR D ALENE ID 83815-7763  
(208) 762-2800