

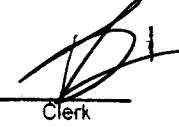
DISTRICT COURT - CSRBA  
Fifth Judicial District  
County of Twin Falls - State of Idaho

Form No. 42-1409-2 (Internet 5/17)

DEC 29 2025

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 Deputy Clerk  
Claim ID: 95-18723  
Date Received: \_\_\_\_\_  
Receipt No: \_\_\_\_\_  
Claim Fee: \_\_\_\_\_ By: \_\_\_\_\_  


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) Thomas and Teresa Coleman Phone ( 208 ) 2155047
- Mailing address 10124 S Skyview Rd Zip 83833  
Street or Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Email address (optional) tessajensen58@gmail.com
2. Date of priority: (Only one per claim) 9/7/2022 (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 49N, Range 03W, Section 19,  
SE 1/4 of NE 1/4, or Govt. Lot BM, County of Kootenai ;  
Parcel no. 07381001003A
- 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.  
well  
538 feet
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For	Month/Day	Month/Day	cfs (✓) or AFY ( )
<u>domestic</u>	<u>purposes from</u>	<u>1/1</u> to <u>12/31</u>	<u>amount</u> <u>.04</u>
<u>For</u>	<u>purposes from</u>	<u>to</u>	<u>amount</u>
7. Total quantity claimed .04 cfs (✓) or AFY ( )
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
domestic for 1 home

9. Location of place of use is: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_,  
\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. \_\_\_\_\_

for (check one)      **Domestic**  **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  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):

This is the date the well drilling was completed per the drilling report

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 Coeur d'Alene-Spokane 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: \_\_\_\_\_

**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) Jeresa L Coleman Date: 12/18/25  
Thomas P Coleman Date: 12/18/25

**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 on 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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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