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: 92-11160
Date Received: 7/31/2026
Receipt No:
Claim Fee: $25.00
Received 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

1. Name of Claimant(s)

JOSEPH WADE JOHNSTON
662 GARDEN TRACTS RD
ST MARIES ID 83861
Phone: (208) 245-4331

AND/OR

SHARLYN MARIES JOHNSTON
662 GARDEN TRACTS RD
ST MARIES ID 83861
Phone: (208) 245-4331

2. Date of Priority: 7/15/2016

3. Source: GROUND WATER
Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
46N	02W	36	SE NW		BENEWAH	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

STANDARD DOMESTIC USE

9. Place of use:

DOMESTIC within BENEWAH County

Township	Range	Section	¼	of	¼	Lot	Acres
46N	02W	36	SE		NW		

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

_____

_____

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:
WELL COMPLETION DATE ON WELL DRILLER'S REPORT

13. Basis of Claim: Beneficial Use

14. 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): Joseph W Johnston Date: 7-31-26

Sharlyn M. Johnston Date: 7-31-2026