

RECEIVED

DEC 22 2025

DEPARTMENT OF WATER RESOURCES

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

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

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 Street or Box City State Zip 83833 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 (checked) 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: NONE

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 domestic purposes from 1/1 to 12/31 amount .04 cfs (checked) or AFY () For purposes from to amount

7. Total quantity claimed .04 cfs (checked) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind) domestic for 1 home

SCANNED

DEC 22 2025

9. Location of place of use is: Township 49N, Range 03W, Section 19,
SE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. 07381001003A
If different than shown in Item 4

for (check one) Domestic Stock () Domestic and Stock ()

Additional places of use, if any N/A

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 Saliman 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 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 _____