

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA

) Subcase

86-11979 *

) (Insert water right number)

Case 39576

) STANDARD FORM 4

) MOTION TO FILE:

) ☒ LATE NOTICE OF CLAIM

) ☐ AMENDED NOTICE OF CLAIM

INSTRUCTIONS

This form is used to file a late Notice of Claim or an amendment to a Notice of Claim in a reporting area where the Director's Report has been filed. Forms may be obtained from the SRBA Court, the Idaho Department of Water Resources (IDWR), or you may copy or reproduce this blank form. If you copy or reproduce this form, please copy on both sides with the even-number pages upside down.

The water right number for your late or amended claim must be indicated above in the blank space following "Subcase." You must use a **separate form for each** late or amended Notice of Claim.

This form has been adopted by the court in ***SRBA Administrative Order 1, Rules of Procedure*** (amended Sept. 30, 1996), Section 4, which may be consulted for further information.

By filing a *Motion to File a Late Notice of Claim* or a *Motion to File an Amended Notice of Claim*, you certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

☐ I have read **SRBA Administrative Order 1, Rules of Procedure** (amended Sept. 30, 1996).

My name is Mark or Roxanne Feucht

My address is 410 Stewart Ave
Lewiston, ID 83501

My phone number is: Work 208.799.1560 Home 208.746.7263
~~208.746.7263~~

I am an attorney representing _____

My name is _____

My address is _____

My phone number is _____

MOTION TO FILE A LATE NOTICE OF CLAIM

A *Motion to File a Late Notice of Claim* will require a hearing before the Presiding Judge.

☒ I did not file a Notice of claim to the use of water in the SRBA because:
did not know about Snake River Basin
Adjudication

☐ I filed a Notice of Claim and elected to defer judicial proceedings on my domestic or stock watering use. I desire to reinstate my Notice of Claim for domestic or stock watering use.

☐ I am providing legal and factual documentation for my claimed use of water. You must describe these documents and attach a readable copy. (You do not need to fill this out if you are reinstating a Notice of Claim for domestic or stock watering use, but you **must** attach a copy of your Notice of Claim.)

I have attached:

- ☒ A fully completed Notice of Claim (available from IDWR).
- ☐ A claim filing fee for a domestic and stock watering use. IDWR may charge this fee pursuant to I.C. § 42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____. *Receipt # N018478*
- ☐ A claim filing fee and a late claim fee for those claims other than a domestic or stock watering use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____. *Pd. for incorrect form*

Follow these instructions regarding the hearing on this motion.

1. Contact the Clerk of the SRBA Court (208-736-3011) to request a hearing date and time.
2. Fill in the following information:

This motion will be heard on _____
(Insert Date and Time)

at the SRBA courthouse, 253 Third Avenue North, Twin Falls, Idaho.

MOTION TO FILE AN AMENDED NOTICE OF CLAIM

A Motion to File an Amended Notice of Claim may require a hearing before the Presiding Judge or Special Master or may be granted by leave of the court or by written consent of the parties and the Idaho Department of Water Resources. Leave to amend a claim shall be freely given when justice so requires.

- ☐ I must amend my Notice of Claim to the use of water in the SRBA because:

- ☐ I am providing legal and factual documentation to support my amended Notice of Claim. You must describe these documents and attach a readable copy.

I have attached:

☒ An amended Notice of Claim (available from IDWR).

☐ Payment of the following additional fees required by IDWR:

NO18478 (CDA, Idaho)

VERIFICATION (Must be completed)

State of Idaho

County of Nez Perce

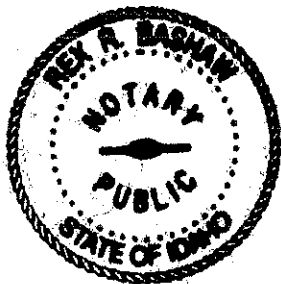
Roxanne H. Feucht, being first duly sworn, upon oath, deposes and says:
(Insert name of person filing form)

That I am the party/claimant filing this motion for late or amended claim (as listed on Page 2) as defined by I.C. §§ 42-1401A(1) and (7) or that I am the attorney for the party/claimant filing this motion for late or amended claim and that I have read this motion, know its contents, and believe that the statements are true to the best of my knowledge.

Roxanne H. Feucht
Signature of person filing motion

Attorney signing in representative capacity

Subscribed and sworn to before me on 8-1-07
(Insert Date)



Rex A. Bashaw
Notary Public for Idaho
Residing at: Clarkston, MT
My Commission expires: 11-6-08

INSTRUCTIONS FOR MAILING

You must mail this form, including all attachments, to the Clerk of the SRBA Court. **FAX filings will not be accepted by the SRBA Clerk of the Court.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

CERTIFICATE OF MAILING

I certify that on Aug 1, 1997, I mailed the original and copies of this form, including all attachments, to the following persons by mailing the original and/or copies, postage prepaid and addressed as follows:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. Copies to:

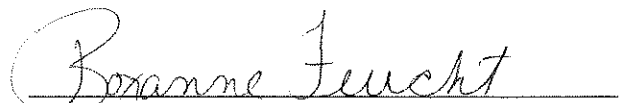
IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

Chief, Natural Resources Division
Office of the Attorney General
State of Idaho
PO Box 44449
Boise, ID 83711-4449

United States Department of Justice
Environment and Natural Resource Division
550 West Fort Street, MSC 033
Boise, ID 83724

3. If you are filing an amended Notice of Claim in a subcase being heard before the Presiding Judge or a Special Master, you must serve a copy on all parties to that subcase.

(Insert Names/address of parties)


Signature of person or attorney mailing the form

RECEIVED

AUG 03 2007

DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 86-11979

Date Received: _____

Receipt No: _____

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) Markor Roxanne Feucht Phone (208) 746-7263Mailing Address 410 Stewart Ave Lewiston ID Zip 83501
Street or Box City State2. Date of Priority: (Only one per claim) 1-1-1976
~~1-1-1976~~
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 38 N, Range 1 W, Section 12SE, 1/4 of NW, 1/4 or Govt. Lot _____, BM., County of Latah; Parcel (PIN) No. RPO0620000630A

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; approx 200 ft deep; 6" casing

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 0.04
Month/Day Month/Day (cfs) or (AFA)

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 (cfs) or (AFA)8. Non-irrigation uses. Describe fully. (eg. Domestic: Give number of households served if single ownership;
Stockwater: Type and number of livestock) Domestic - one household

9. Location of Place of Use is: Township 38 N, Range 1 W, Section 12,

SE, 1/4 of NW, 1/4, Govt. Lot _____, BM.; Parcel (PIN) No. RPO16200000630A

for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

10. Which county (ies) are lands listed above as place of use located? Latah

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.

None ☒ _____

*13. Remarks:

well was drilled in the mid-70s; unable to locate any records; information from neighbors only

*14. Basis of Claim (Circle 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 notice in the Snake 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) Broxanne Feucht Date: 8-1-07

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ 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

16. Notice of Appearance:

Notice is hereby given that I, _____, 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

RP 016200000630 A

18-0000

FEUCHT, MARK C
& FEUCHT, ROXANNE G
410 STEWART AVE
LEWISTON ID 83501

CEDAR CREEK SUBD
10 AC SENWSE (PARCEL #63)
12 38 1

Property Address _____

Inspected By _____ Date 7-22-02 Rev Yr 03
Computed By _____ Date _____ Rev Yr _____
Certified Appraiser _____ Date _____ Rev Yr _____
Assessor _____ Date _____ Rev Yr _____
Reinspection VR & CP Date 9-9-97 Rev Yr 98

IDAHO RESIDENTIAL PROPERTY RECORD

Sheet No. _____ of _____

MISCELLANEOUS DATA

Class _____
Use Code _____
Units _____
Market Grade _____
Year Built _____
Year Remodeled _____
Effective Age _____
Effective Year _____
Shape Code _____
Date Occupied _____

YES	NO
-----	----

Prebuilt

Building Permit

Under Construct.

Photo No. _____

VALUES SUMMARY

YEAR YEAR

Residence \$ _____ \$ _____
Garage \$ _____ \$ _____
Carport \$ _____ \$ _____
Other \$ _____ \$ _____
Total Improve. \$ _____ \$ _____
Land \$ _____ \$ _____
MARKER VALUE \$ _____ \$ _____

PURCHASE INFORMATION

Price _____ Date _____
Price _____ Date _____
Asking _____ Date _____
Rent _____ Per _____ Date _____



LAND INFORMATION

01 NEIGHBORHOOD				02 OFF-SITE IMPROVEMENTS				03 TOPOGRAPHY				04 WATER FRONT PROPERTY				05 ON-SITE UTILITIES							
01 Urban	06 Stable	Street:	04 Asphalt/Conc.	01 Low	01 Lake	6 Beach:	01 Electricity	05 Public Water															
02 Suburban	07 Improving	01 None	05 Gravel/Dirt	02 Level	02 River/Creek	None P F A G E	02 Gas	06 Private Well															
03 Rural	08 Declining	02 Public Access	06 Sidewalks	03 Moderate Slope	03 Accretion	7 Grade:	03 Underground Elect/Telephone	07 Public Sewer															
04 Recreational		03 Private Access	07 Curb/Gutters	04 Steep Slope	04 Bluff Land	P F A G E	04 Cable TV	08 Septic System															
90		90		90	05 Flood Plain	90	90																
06 SUBJECT DIMENSIONS				07 SITE INFORMATION				08 REMARKS															
Frontage				01 Location P F A G E				6" WELL CASING LOCKED GATE															
Depth				02 Amenities P F A G E																			
Other				03 Landscaping P F A G E																			
				04 View P F A G E																			
				05 Detriments Few Many None																			
				06 Zoned																			
09 COMPOSITE ADJUSTMENT								10 SITE ADJUSTMENTS															
CAT	LOC	CLASS	TYPE	UNIT	QTY	COST	BASE VALUE	01 Location	10 Access	20 View	30 Topography	40 Width	TOTAL	EXT.									
								50 Depth	60 Plottage	70 Beach	80 Corner	90	FACTOR	VALUE									
APPRaiser: _____ APPRAISAL DATE: _____ REVIEW YR _____																							
REINSPECTED APPR. _____ DATE _____ REVIEW YR _____																							
																LAND VALUE \$ _____							

GARAGE		CARPORT		FOUNDATIONS	FLOOR	ROOF	EXTERIOR WALL COVERING		MISC.	DIMENSIONS	AREA	RATE	BASE COST	REMARKS							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17					
1	Unfinished	Built In	1																		
2	Min. Finish	Flat Roof	2							X		\$									
3	Finished	Hip/Gable	3																		
Class		Class		\$	\$	\$	\$	\$	\$			\$									
Year Built		Year Built										\$									
1 2 3		1 2 3		STORAGE										\$							
1 2 3		1 2 3		NO. DOOR OPENERS STORAGE CABINET										\$							
ATT DET BSMT		ATT DET BSMT		EXTERIOR WALL: ☐ Curtain ☐ Screen										\$	\$	L.C.M.	QUALITY FACTOR	REPLACEMENT COST - NEW	MARKET ADJ.	% COMPLETE	MARKET VALUE
TOTAL													\$			\$				\$	

GARAGE		CARPORT		FOUNDATIONS	FLOOR	ROOF	EXTERIOR WALL COVERING		MISC.	DIMENSIONS	AREA	RATE	BASE COST	REMARKS							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17					
1	Unfinished	Built In	1																		
2	Min. Finish	Flat Roof	2							X		\$									
3	Finished	Hip/Gable	3																		
Class		Class		\$	\$	\$	\$	\$	\$			\$									
Year Built		Year Built										\$									
1 2 3		1 2 3		STORAGE										\$							
1 2 3		1 2 3		NO. DOOR OPENERS STORAGE CABINET										\$							
ATT DET BSMT		ATT DET BSMT		EXTERIOR WALL: ☐ Curtain ☐ Screen										\$	\$	L.C.M.	QUALITY FACTOR	REPLACEMENT COST - NEW	MARKET ADJ.	% COMPLETE	MARKET VALUE
TOTAL													\$			\$				\$	

OTHER IMPROVEMENTS

USE CODE/DESCRIPTION	FOUNDATION	FLOOR	ROOF	WALLS	MISC.	DIMENSIONS	AREA	RATE	BASE COST	L.C.M.	QUALITY FACTOR	REPLACEMENT COST - NEW	MARKET ADJ.	MARKET VALUE
1														
CLASS														
YR. BLT														
2														
CLASS														
YR. BLT														
3														
CLASS														
YR. BLT														
4														
CLASS														
YR. BLT														
5														
CLASS														
YR. BLT														
6														
CLASS														
YR. BLT														
7														
CLASS														
YR. BLT														
8														
CLASS														
YR. BLT														
REMARKS														



TOTAL

ADDITIONAL

ROOF

14 Plywood