

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 95-13801Date Received: 9-4-09Receipt No: 11021984Received By: cmv

NOTICE OF CLAIM TO A WATER RIGHT RECEIVED

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

SEP - 4 2009

IDWR/North

1. Name of Claimant(s) J&P HARTNETT TRUST Phone 509 999-3425Mailing Address 2030 E. WILDFLOWER SPokane WA Zip 99224
Street or Box City State2. Date of Priority: (Only one per claim) 12/31/1958
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) Lake Cd'A
which is tributary to (b) Spokane River4. Location of Point of Diversion is: Township 49N, Range 4W, Section 13
SW 1/4 of NE 1/4, or Govt. Lot 2 BM. County of KOOTENAI
Parcel (PIN) no. 01800-000-0080

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.

N/A

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from 5/1 to 11/1 amount 0.04 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 home

SCANNED

SEP - 4 2009

9. Location of Place of Use is: Township 49N, Range 4W, Section 13,
SW 1/4 of NE 1/4, Govt. Lot 2 BM. Parcel (PIN) 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:

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 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) Patricia M. Harbert

Date: 8/27/09

Date: 8/27/09

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 _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of 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. 95-13801

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Parcel No. D-1800-000-008 Code Area 6109

Name/Address _____

 Legal Description _____

 Property Address _____

IDAHO RESIDENTIAL PROPERTY RECORD

Sheet No. ____ of ____

MISCELLANEOUS DATA

Class 4
 Use Code 3713
 Units 1
 Market Grade 3+
 Year Built 1958
 Year Remodeled 1984
 Effective Age 20
 Effective Year 1976
 Shape Code A
 Date Occupied _____

VALUES SUMMARY

	YEAR	YEAR
Residence	\$ <u>58,253</u>	\$ _____
Garage	\$ _____	\$ _____
Carport	\$ _____	\$ _____
Other	\$ <u>3,455</u>	\$ _____
Total Improve.	\$ <u>61,708</u>	\$ _____
Land	\$ <u>98,015</u>	\$ _____
MARKET VALUE	\$ <u>159,723</u>	\$ _____

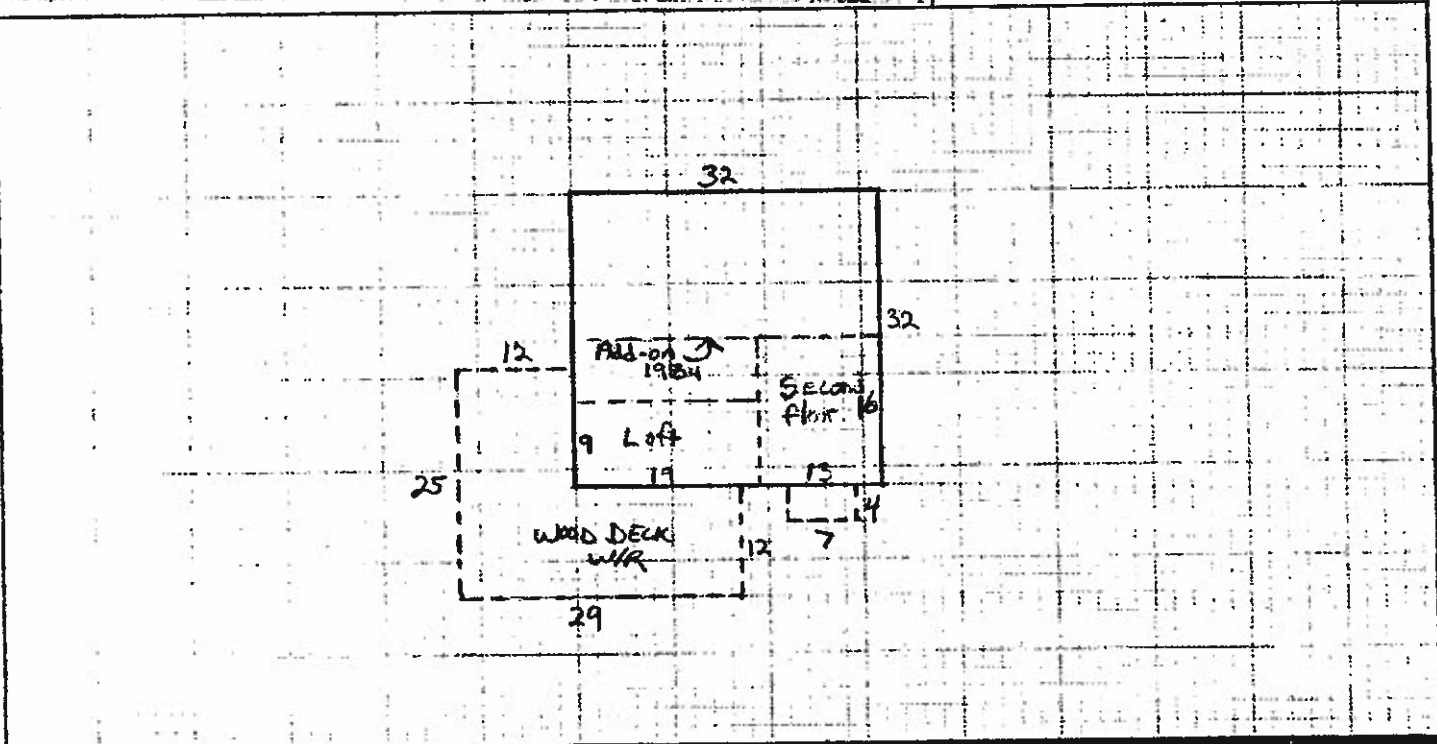
YES	NO
☐	☐
☐	☐
☐	☐

Prebuilt _____
 Building Permit _____
 Under Construct. _____

PURCHASE INFORMATION

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

Inspected By _____ Date _____ Rev. Yr. _____
 Computed By REM for RAP Date 10-22 Rev. Yr. 96
 Certified Appraiser _____ Date _____ Rev. Yr. _____
 Assessor _____ Date _____ Rev. Yr. _____
 Reinspection _____ Date _____ Rev. Yr. _____



LAND INFORMATION

01 NEIGHBORHOOD		02 OFF-SITE IMPROVEMENTS		03 TOPOGRAPHY		04 WATER FRONT PROPERTY		05 ON-SITE UTILITIES						
01 Urban	06 Stable	01 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 Elec/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												
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 FACTOR	EXT VALUE
								50 Depth	60 Plottage	70 Beach	80 Corner	90		
APPRaiser: _____ APPRAISAL DATE: _____ REVIEW YR _____								LAND VALUE \$ _____						
REINSPECTED APPR. _____ DATE _____ REVIEW YR _____														

95-13801