

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: KENNETH KNOBLOCH Date: 4/5/12
 SUBJ: Receipt No. N-026478 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR JOSEPH T. DAVIS, JR
 Address BOX 807
OROFINO, ID 83544

Claimant(s) if NOT Payor _____
 Refund Amount \$ 25 Claim Location (Region/Claimant) _____
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # _____
 S.O. Verified Ext. by _____ on _____ D.B. Query by _____
 Refund Generated By ☒ Agent () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) 4/5/12

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>84-10602</u>	<u>DOMESTIC</u>	\$ <u>25</u>	<u>0</u>	<u>N026478</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		\$ <u>25</u>	\$ _____	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N
NOT IN THE COEUR D'ALENE - SPOKANE DRAINAGE

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval [Signature] Hold _____ To Fiscal 4-6-12, NA
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____
 Logged 4-6-12

Receipt Details for ID N026478

Status	Adjustment Type	Version
		1

General Information:				
Date Received	Date Deposited	Region	Total Amount	Payment Type
1/20/2011 12:31:45 PM	1/21/2011 4:15:07 PM	NORTHERN	\$25.00	Check
Payee:	DAVIS, JOSEPH			

Account Information	
Check Number	914

Comment

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

April 5, 2012

Joseph Davis, Jr.
Box 807
Orofino, ID 83544

Re: 84-10602

Dear Mr. Davis:

We changed your mailing address. Your water right was decreed in the Snake River Adjudication. You do not need to file in the Coeur d'Alene-Spokane Adjudication. We will send a request for a refund to our state office.

Sincerely,

Kenneth Knoblock
Water Right Supervisor

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

Date Received: 1-20-11

Receipt No: N 0 2 6 4 7 8

Received By: cmk

RECEIVED

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

JAN 20 2011

IDWR/NORTHERN

Please type or print clearly

1. Name of Claimant (s) JOSEPH T. DAVIS, JR Mary M. Davis Phone 208 476 5730

Mailing Address P.O. Box 807 Orofino ID ZIP 83544
Street or Box City State

2. Date of Priority (Only one (1) per claim) 07/15/1985
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township T36N Range R02E Section S03
SW 1/4 of NW 1/4 Govt. Lot 02 BM., County of CLEARWATER

Parcel (PIN) no. 36N02E033670

Additional points of diversion if any: _____

If available, GPS Coordinates N46.49320° W116.19904°

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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.

2 WELLS, EACH APPROX 70 FEET DEEP USED FOR
domestic, irrigation, and stock water. Spring
fed 1/5-1/4 acre pond used only for wildlife. Pond
is natural with no inlet or outlet.

SCANNED
JAN 21 2011

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Stockwater purposes from JAN 1 to DEC 31 amount 0.02 or _____

For Domestic purposes from JAN 1 to DEC 31 amount 0.04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.06 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) 1 home 2 horses

9. Description of place of use: T36N R02E S03 LOT 2 SWNW within CLEARWATER Co.

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
<u>36N</u>	<u>02E</u>	<u>03</u>										<u>2</u>							
<u>36N</u>	<u>02E</u>	<u>03</u>										<u>D</u>							
<u>36N</u>	<u>02E</u>	<u>03</u>										<u>S</u>							

Parcel (PIN) no(s). 36N02E033070

Total number of acres irrigated 2

10. In which county (ies) are lands listed above as place of use located? CLEARWATER

11. Do you own the property listed above as place of use? Yes (☒) No (☐)

If your 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: MAILING ADDRESS HAS CHANGED FROM ~~2014~~ OLD
GRANGEMONT PO. Box 2995 TO NEW P.O. Box 807

Physical Address Change From 2014 Grangemont Rd to
1307 Grangemont Rd by County to comply with
Enhanced 911 Addressing.

PLEASE CHANGE MAILING ADDRESS TO: PO. Box 807
OROSI, ID 83544

Last Name DAVIS Identification No. _____

SCANNED
JAN 23 2017

Google maps

To see all the details that are visible on the screen, use the "Print" link next to the map.



Place of use within black bordered area.

GPS: N 46.49320, W 116.19904

T36N R02E S03 Lot 2 SWNW in Clearwater County

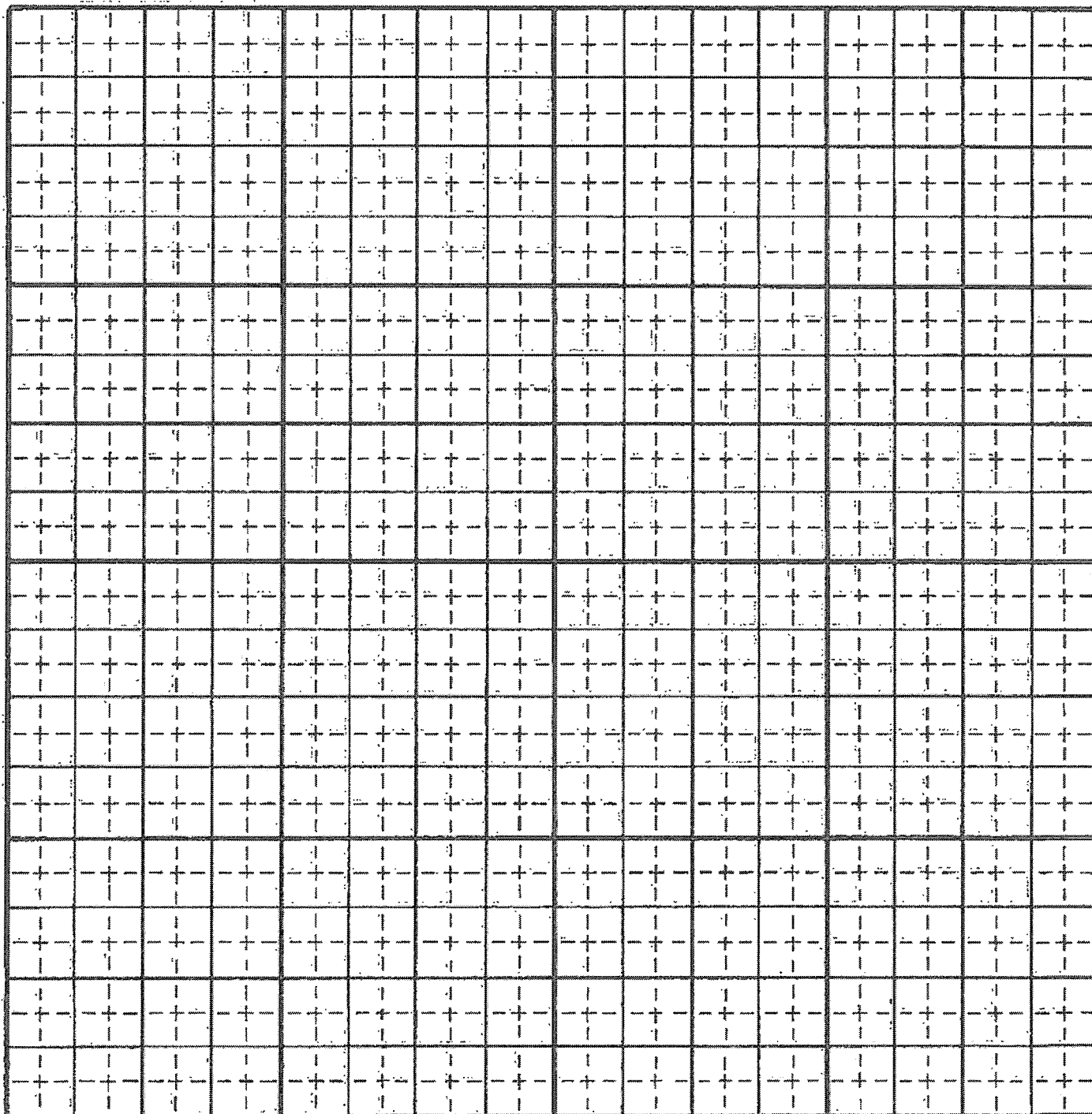
Water source: 2 wells X

SCANNED
1/18/2011

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile

SATELLITE Photo Attached



Last Name Davis Identification No. _____

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 84-10602

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: 1 - MAP of project (SATELLITE photo)

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)

[Signature]
[Signature]

Date: 01/18/2011

Date: 1-18-11

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 _____ Date _____

Address _____

Last Name Davis Identification No. _____