

Sherman, Sally

From: Knoblock, Ken
Sent: Thursday, April 11, 2013 5:41 PM
To: Sherman, Sally
Subject: refund involving 95-9070
Attachments: Refund.pdf

RECEIVED

APR 11 2013

DEPT. OF WATER RESOURCES

How lucky we are to get to work on 2 requests in 2 days.

Attached is a copy of a refund request, receipt, a claim submitted on April 10 and a letter I sent.

Would you please process the request?

Thank you.

Ken

REFUND REQUEST

TO: S. Sherman to Log In
FOR: C. Fritschle/D. Allen
FROM: KENNETH KNOBLOCH Date: 4/11/13
SUBJ: Receipt No. NO29758 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR THOMAS R JETAR
Address 3135 S. SEHILLING LOOP
POST FALLS, ID 83854

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insufficient fees / claim incomplete / withdrawn / o-pmt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) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
95-9070	IRRIGATION	29	0	N029758
Total				

*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
FILED A CLAIM ON THIS RIGHT ON NOVEMBER 6, 2009.
THE CLAIM FILED ON APRIL 10, 2013, IS A DUPLICATE
OF THE FIRST CLAIM EXCEPT FOR THE PLACE
OF USE.

Region AJ Spvsr. Approval O. AJ Spvsr. Approval
C. Fritschle Approval Hold To Fiscal

Data Base Modified? Y/N NA A &/or R Records By _____ on _____

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Receipt Details for N029758

Status	Adjustment Type	Version
		1

General Information

Date Received	Date Deposited	Region	Total Amount	Payment Type
4/10/2013 4:16:39 PM	4/10/2013 4:30:45 PM	NORTHERN	\$25.00	Check
Payer	DETAR, THOMAS R			

Account Information:

Check Number:	1280
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Comment NIA CLAIM FILING FEE

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

RECEIVED

APR 10 2013

Form No.42-1409-1 (Internet 3/12)

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

IDWB / NORTH

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

ID Number: 95-9070

Date Received: 4/10/13

Receipt No: N029758

Amount: \$25.00 By: [Signature]

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Thomas R. de la Phone 208-777-7156
Mailing address 3135 S. Schilling Loop Post Falls ID ZIP 83854
Street or Box City State
2. Date of priority (only one (1) per claim) April 12, 2001
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other () (a) unnamed stream
which is tributary to (b) Spokane River
4. a. Location of point of diversion is: Township 50N, Range 05W, Section 10
SE 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of Kootenai
Parcel (PIN) no. _____
Additional points of diversion if any: _____
If available, GPS coordinates: _____
- b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., 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.
collection box/screen at culvert, into 2" poly pipe, collecting into
10x10x10 concrete cistern, where irrigation pump is placed,
pumping water onto property for crops

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For irrigation purposes from 1-1 to 12-31 amount 0.04 or 15 AF/yr
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

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

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): _____

9. Description of place of use:

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 (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twp	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
														5.0					5.0

Parcel (PIN) no(s). 50N 05W 10

Total number of acres irrigated 5

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

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.

Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (☐)

Remarks:

Last name Thomas R deTar 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 95-09070

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) Thomas R de Ta Date: 4/2/13

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 _____

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 Thomas R de Ta Identification no. _____



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
Director

April 11, 2013

Thomas deTar
3135 S Schilling Loop
Post Falls, ID 83854

Re: 95-9070

Dear Mr. deTar:

We have received your Notice of Claim to a Water Right that was sent to us on April 10, 2013. It is a duplicate of the claim you submitted on November 6, 2009 (copy enclosed). We are asking the state office to refund for the money you sent on April 10th.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ken Knoblock', written over a horizontal line.

Kenneth Knoblock
Water Right Supervisor