

Parcel Number
47N03W363200

AIN
105803

Situs Address
48323 S HIGHWAY 3, ST MARIES

Owner Information

Owner Name TANNER ROBERT D
Owner Address PO BOX 592
ST MARIES ID 83861
Transfer Date 01/01/2012
Document #
Deed Book/Page

Location / Description

Tax Authority Group 239000
Current Legal Desc. NW-NW, NE-SW-NW ALL W OF RD
36 47N 03W
Situs Address 48323 S HIGHWAY 3, ST MARIES
Acreage 41.3690

Parcel Type

Property Class Code 534- Imp res rural tract
Neighborhood Code 6060 BLACK LAKE TO HARRISON FLATS

Telephoned
~~Contacted~~ by Mr. Tanner
7/23/2012 confirming
he is new owner.

- Said he was told by
realtor no water
right required/needed.

- Sent change of
ownership form 7/24/12

lm
- RDA Jerome, ID prior owner

Tanner says
he hasn't
received PECO
yet. 10-11-12
lm

File

NEW STRUCTURE OCCUPANCY REPORT

(SECTION 63-3905, IDAHO CODE)

Chapter 39, Title 63, Idaho Code, provides for:

1. Taxation of new structures for that portion of the year after first occupancy (Section 63-3902);
2. The owner of the new structure to report to the County Assessor on or before first occupancy, the fact that the structure is ready for occupancy (Section 63-3905);
3. A penalty of 5% per month for each month after first occupancy up to a maximum of 25% for failure to report first occupancy (Section 63-3908); and
4. The non-paid tax occupancy tax becomes a lien upon the property (Section 63-3910).

Please complete and return this form within thirty (30) days from this date _____ to:

Tom Moore
Kootenai County Assessor
501 Gov't Way
Coeur d'Alene, ID 83814
769-4400 Ext. 459

Previous Owner:

Zip _____

New Owner:

M/H ROBERT AND LOIS STANG

HC. 02 BOX 491

ST. MARIES, ID

Zip 83861

Parcel Number: 47 N 03 W - 36 - 3200

Legal Description of property: 36 - 47N - 3 W NW - NW W of ROAD
NE - SW NW W of ROAD

Ref. Parcel # 47N03W-36-3200* C for Detached Garage which is a

Date of First Occupancy: December 30, 1991

Your Phone Number: 208 - 245 - 4858

part of the Primary Residence to be occupied.

Under penalty of perjury, I certify that to the best of my knowledge, and belief, that the information I have provided herein is true, correct, and complete.

Date: December 30, 1991

Robert A. Stang
Signature of Owner

48-690-1-~~2~~ COMPANION SHEET FOR LAND NOT SUBDIVIDED

(48-690-1)

TOWNSHIP	RANGE	SECTION	PARCEL NO.	GRANTOR	GRANTEE	REMARKS	DEED TYPE	DATE	BOOK & PAGE	SURVEY REF. NO.
47-3	36			EMIDA PROPERTIES INC	Devaughn Covey	N ³ SE-1/4	Cont. 5-780	106		
47N0310	36	3200		EMIDA PROP.	EMIDA PROP.	MEM Bkoke (48-690-1-3) 1/4 (36-4600)	3-26-82	978		
47N0310	36	3220		EMIDA PROP.	Jack & Susan	OUT OF THIS PARCEL	NOT CONTIGUOUS	118		
47N0310	36	3200		EMIDA PROP	Jack	Ampladd chg.	3/5/82	543		
47N0310	36	3200		EMIDA PROP	Jack	(Green) Now fee Owner	128/82	518		
47N0310	36	3200		Jack	Green etor	Nm/ add chg	128/82	990		
47N0310	36	3200		Green etor	DELL CO. Inc		128/82	318		
"	"	"	"	O&L Co. Inc.	ROBT. STANG ETUX		8/25/82	991		
"	"	"	"	O&L Co. Inc.	R. H. Stang etux		12/1/84	134		
"	"	"	"	Robert A. Stang	Robert A. Stang		12/1/82	247		
"	"	"	"	Stang etux	Family Trust		10/92	127841		
Nm. chg.										
THIS PARCEL ANNEXED INTO ST. MARIES RFPD FOR 1995										
BOCC ORDER, INST #1379634, 11/28/94										
TCA CHANGE FROM 038-000 TO 239-000										

Parcel No 471103W-320 Code Area _____

Name Address _____

Legal Description NW-NW-0FRD + NE-SW-NW-W OF RD

Property Address _____

IDAHO RESIDENTIAL PROPERTY RECORD

Sheet No. ____ of ____

MISCELLANEOUS DATA

Class 5
Use Code 3414
Units _____
Market Grade 47
Year Built 92
Year Remodeled _____
Effective Age _____
Effective Year _____
Shape Code A
Date Occupied _____

YES	NO
☐	☐
☐	☐
☐	☐

Prebuilt _____
Building Permit _____
Under Construct. _____

Photo No. _____

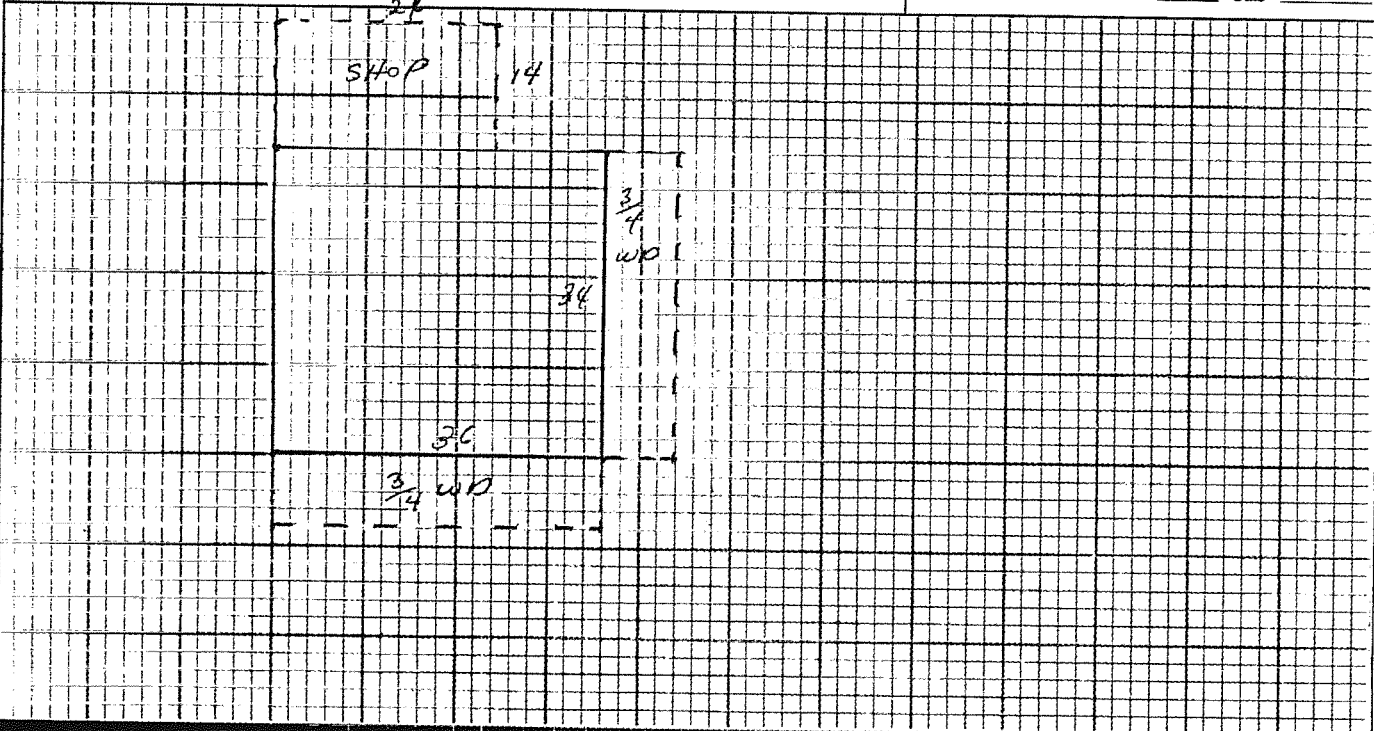
VALUES SUMMARY

YEAR 92 YEAR _____
Residence \$ 123,479 \$ _____
Garage \$ 23,411 \$ _____
Carport \$ _____ \$ _____
Other \$ _____ \$ _____
Total Improve. \$ _____ \$ _____
Land \$ _____ \$ _____
MARKET VALUE \$ _____ \$ _____

PURCHASE INFORMATION

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

Inspected By RD Date 8-12-92 Rev Yr _____
Computed By RD Date 8-12-92 Rev Yr _____
Certified Appraiser _____ Date _____ Rev Yr _____
Assessor DK Date 2-97 Rev Yr _____
Renspection _____ 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 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															
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 \$ _____											

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESTYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name MR. STANG (ROBERT)
19417 VINTAGE ST.
Address NORTH RIDGE, CA 91324
Drilling Permit No. 91-91-N-2
Water Right Permit No. _____

7. WATER LEVEL

Static water level 150 feet below land surface.
Flowing? ☒ Yes ☐ No G.P.M. flow 60
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature COLD °F. Quality GOOD
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>60</u>	<u>198</u>	<u>1</u>

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>4</u>	<u>SOIL</u>		<u>X</u>
<u>8</u>	<u>4</u>	<u>7</u>	<u>BROKEN BASALT</u>		<u>X</u>
<u>8</u>	<u>7</u>	<u>18</u>	<u>BASALT</u>		<u>X</u>
<u>6</u>	<u>18</u>	<u>200</u>	<u>BASALT</u>	<u>X</u>	

4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	<u>+2</u> feet	<u>18</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
<u>PVC</u> inches	<u>4</u> inches	<u>-10</u> feet	<u>200</u> feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation 3/8 inches by DRILL inches

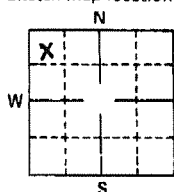
Number	From	To
<u>50</u> perforations	<u>150'</u> feet	<u>200'</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feetGravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing
☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent
Weld☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name DEC 27 1991

Lot No. _____ Block No. _____

County KODIENAINW ¼ NW ¼ Sec. 36, T. 47N, S. R. 3W W ☐

10.

Work started 5-8-91 finished 5-9-91

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name UNITED DRILLING INC No. 414Address P.O. BOX 2499 Date 5-9-91CDA, ID 83816Signed by (Firm Official) [Signature]and [Signature]
(Operator)