

RECEIVED

AUG 04 2014

Form No. 42-1409-2 (Internet 3/12)

IDWR / NORTH

**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

ID Number: 15-16822Date Received: 08-01-2014Receipt No: N030634Amount: \$2500 By: lrm**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**

Please type or print clearly

- Name of claimant(s) SALLY CROSS LIVING TRUST Phone _____
Mailing address 910 WAVE L CALIMESA CA ZIP 92320
Street or Box City State
- Date of priority (only one (1) per claim) 12-31-1994 6/30/1994 SC
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water () or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 50N, Range 03W, Section 20,
SW 1/4 of SW 1/4, or Govt. Lot 2, B.M., County of KOOTENAI
Parcel (PIN) no. 50N03W-20-5900
Additional points of diversion, if any: _____
If available, GPS coordinates _____
- 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.
SHARED WELL AT 1354 S SILVER BEACH RD REPLACED 1994 WELL 95-90-N-71. WELL SERVES MY
HOME. WELL PUMP LOCATED IN MY GARAGE ON PARCEL 50N03W-20-5900.
- Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 01-01 to 12-31 amount .04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs (x) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 1 HOME AND SPRINKLER SYSTEM FOR LAWN LESS THAN
.5 ACRES

SCANNED

AUG 04 2014

AUG 04 2014

9. Location of place of use is: Township 50N, Range 03W, Section 20, SW 1/4 of SW 1/4,
or Govt. Lot 2, B.M., Parcel (PIN) no. (if different than shown in Item 4) 50N03W-20-5900
For (check one) **Domestic** ☒ **Stock** () **Domestic and Stock** ()

Additional places of use, if any: _____

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

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: 5

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) _____ Date: _____
_____ Date: _____

For organizations:

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

Trustee of Sally Cross Living Trust
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 Sally Cross Date 8/1/2014
Title and organization Trustee

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 _____

SCANNED

AUG 04 2014

23-620-2 COMPANION SHEET FOR LAND NOT SUBDIVIDED

TOWNSHIP	RANGE	SECTION	PARCEL NO.	GRANTOR	GRANTEE	REMARKS	DEED TYPE	DATE	BOOK & PAGE	SURVEY REF. NO.
50-3W20				Harry Lightner	James C. Curry	Tax # 9137 AKA Silver Beach Tract Lot 7 BK 13 MD	WD	1980	307 93	
50-3W20				Curry	Lightner	Name/ADD Chg	WD	1981	311 175	
50-3W20				HARRY W LIGHTNER	BILLIE JEAN KEANE	NAME/ADD CHG	WD	1985	340 285	
				Billie Jean Keane	Larale T Long	Name/ADD Chg	WD	1989	1169950	
				LONG, LARALE T. & JACKIE HUG	STEPHENS, SCOTT H. & CHASE L. HUG	NAME/ADD CHG	WD	27 MAY 94	1356397	

RECEIVED
AUG 04 2014
IDWR / NORTH

SCANNED
AUG 04 2014

501034-20-5900

PANHANDLE HEALTH DISTRICT I APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM

ENTERED APR 7 1994

56928

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

Site Eval. #:

AUG 04 2014

JUN 27 1994

Date:

For (Name):

Scott Stephens

IDWR / NORTH

Legal Description of Property:

Lot 5 Block B Silver Beach Terrace

Parcel Number:

Location:

Size of Lot (Acreage): 0.243

Applicant's Signature:

Mailing Address:

Phone #:

Applicant is: (x)-Landowner ()-Contractor ()-Installer

Soil Type:

SEE TEST HOLE INFORMATION SHEET

Remarks: Soil is suitable for subsurface disposal @ 0.8 gal/ft²
Disapproved due to inability to meet setback from nearby wells

Valid For One Year From Date: 4/15/94

By:

By: [Signature] Environmental Health Specialist

INSPECTION TIME: 4-11-94

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

Permit #: 10088

Fee: \$90.00

Aquifer Surcharge:

No

Date:

3-30-94

PLOT PLAN ATTACHED (show house, other buildings, etc.)

Bedrooms 3 Baths 2 Sq. Ft. 1900 No. of People 2

Septic Tank: 1,000 Gallons, Distance to dwelling foundation: 5 ft. min. Well: 50 ft. min. Water Line: 10 ft. min. Public

Water Line 25 ft. min. Type of tank: Cement x Other

Component separations: Property lines 5 ft. min./Dwelling foundation 20 ft. min./Well 100 ft. min./Surface water 300 ft.
min./Neighbor's well 100 ft. min./Septic tank 6 ft. min./Water service lines 25 ft. min./Water suction line 100 ft. min.

TYPE OF DWELLING	TYPE OF INSTALLATION	DISP SYSTEM	EST TYPE
(x) SINGLE	() NEW	() DRAINFIELD	() 231 COMM SEW
() MULTIPLE	(x) REPLACEMENT	() ABS BED	() 232 NEW RES
() COMMERCIAL		() BASIC ALTER	(x) 233 EXIT RES
() OTHER		() COMPLEX ALTER	() 234 RES ALT
			() 235 NEW NON RES
			() 236 EXIT NON RES
			() 237 NON RES ALT

Remarks and/or conditions: Replace existing septic tank Will work with neighbor to
create shared water and septic systems

I understand that this permit is non-transferable and is valid for 1 year
from date of application. Drdinfild must not exceed 4 feet in depth.

Applicant's Signature:

Mailing Address:

Plot plan submitted:

Permit issued by:

Approved: [Signature]

Not Approved:

Phone:

772-4780

Hayden Rd. 83835

Environmental Health Specialist

INSPECTION TIME: 4-13-94

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION

Approved:

Not Approved:

Date:

Inspected by:

Installed by:

Installer Lic. #:

Remarks:

INSPECTION TIME: 4-13-94

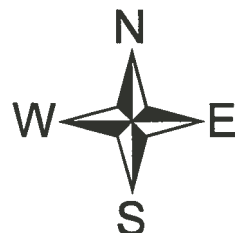
E.L. & SALLY CROSS TRUST PIN 50N03W-20-5900



RECEIVED

AUG 04 2014

IDWR / NORTH



SCANNED

AUG 04 2014

~~AUG 04~~ 2014

DWR / NORTH

WELL DRILLER'S REPORT

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

Use Typewriter
or
Ball Point Pen

AUG 04 2014