

76 Depot

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

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: 92-11038

Date Received: _____

Receipt No: _____

Amount: _____ By: _____

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Kenneth and/or Pamela Mitchell Phone 208 245-1160
Mailing address P.O. Box 387 Fernwood ID ZIP 83830
Street or Box City State
2. Date of priority (only one (1) per claim) 1-1-1964
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water ☒ or Other () (a) St. Maries River
which is tributary to (b) St. Joe River, CDA lake
4. a. Location of point of diversion is: Township 44N, Range 1E, Section 31,
____ 1/4 of ____ 1/4, or Govt. Lot ____, B.M., County of Bennett
Parcel (PIN) no. DP002100100221A
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.
5HP water pump in river.

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)
 For Domestic purposes from 3-1 to 10-1 amount 04 or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 04 (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:

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

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
44N	1E	31											D						1/2

Parcel (PIN) no(s). RP002100100221A

Total number of acres irrigated 1/2

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

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:

Domestic use is for external use only. Providing
up to 1/2 acre to 04 irrigation for lawn
garden and landscaping purposes. Plus,
watering live

Last name _____ Identification no. _____

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

The grid is a 16x16 array of squares. Each square contains a crosshair symbol. The grid is used for sketching project elements. Handwritten text "Attached" is written diagonally across the center of the grid.

Last name _____ Identification no. _____



Google earth



14. Basis of claim (check one) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____ 3 _____

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) Danella Mitchell Date: 8/7/15

Kenneth Mitchell Jr. Date: 8/7/15

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 _____ Identification no. _____

Property-

TIME: 7:39:14
PARCEL NUMBER: RP 43N01E063340 A
EFFECTIVE DATE: 12/03/1982
EXPIRATION DATE: 00/00/0000
NAME: MITCHELL, KENNETH D JR
MITCHELL, PAMELA M
LEGAL: S6 T43N R1E
TAX #368 (PT INWNW)
TAX CODE AREA: 0160000
PROPERTY ADDRESS:
ADDRESS: PO BOX 387
FERNWOOD ID 83830 OLD PARCEL #:
CAP SHI RY QUANTITY UN MARKET VALUE HO VALUE HO EXEMPT CB VALUE OTHER EXEMP
12 2013 .260 AC 15,300
TOTALS: .260 15,300
DEED REFERENCES: CAMA AREA #: 1
DATE: 10/16/2009 RELATED PARCELS: SUB-SYS:
LEWIS/WD PHOTO NUMBER: NONE
255432 MAP NUMBER: R-12
DEED INSP YEAR: 2013
TRUSTEES PARCEL TYPE:
254561 LOCATION CODE: 0003
TAX SPECIALS: SW UNITS:
SW TYPES:

PAGE 1
DATE 5/15/2015

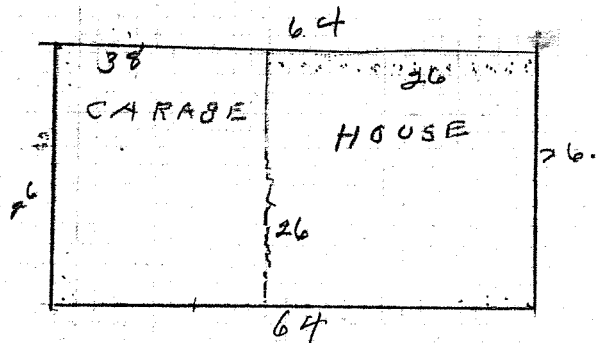
COMMENTS:
B

RODERICK K. SUTTON

SEC 6-43-1-E
TAX # 368

RESIDENTIAL
BUILDING
APPRAISAL
RECORD

Acct. # _____ Map # _____ Photo # _____



CLASS		APPRAISED VALUE SUMMARY	
R1- <u>3</u>	DWELLING	Depr Repl Cost	\$ _____
R2- _____	GARAGE	Depr Repl Cost	\$ _____
CURVE	OTHER IMPROVEMENTS D.R.C.		
A B C D	TOTAL DEPR. REPL COST		
STORIES	VALUE BY MGRM		
CORRELATED VALUE			\$ <u>6409</u>
1 <u>(17)</u>	2 <u>2 1/2</u>	SL	Land value ff. \$ _____
Built 19 <u>64</u>	Cost \$ <u>3000</u>	Mo Rent	\$ _____
Remodeled 19 _____	\$ _____	Sold 19 _____	\$ _____
Listed _____	to _____	\$ _____	Offrd \$ _____
Int Inspected	<u>Yes</u>	No	<u>Owner</u> Tenant Other
Appraised _____	By _____	Computed _____	By _____
Appraised _____	By _____	Computed _____	By _____
Square Feet		Sq Ft Items	
Bsmt	1st	2nd	Base
<u>672</u>	<u>672</u>		Cost
FOUNDATION		Conc <u>BB</u> Rock	
		Mrsy Piers Wd	
ROOF		<u>Gab</u> <u>low</u> Avg Steep	
		SHGS Comp Wd Al	
		Asb Slate SHKS	
		Lt. Hvy Bltup w/Gr	
		<u>RRig</u> Al CGI Mrsy Tile	

EXTERIOR WALL	<u>Obt</u> Sgl	SDG SHGS	Bevel Asb	Drop Comp	B&B Wd	Vert BRK	Horiz Ven	HdBd <u>SOlP</u>	PlyWd BLK	AL Pt	SHKS Stucco
FIRST FLOOR	<u>Obt</u> Sgl	LR	SWd DR	HWd Kit	<u>PlyWd</u> Util	Hall	Bath	<u>Lino</u> BR	Carpet Den	Conc w/ATile	
ELECTRICAL	CL	<u>110</u>	<u>220</u>	LowVolt	Intercom	Vac System					
HEATING and COOLING	CL	Fao HWtr BB	Fag Conv	Fae Rad	Gas	Oil	<u>HdFuel</u>	Stkr	Fa ACondg	Gravity Elec	Flr Wl WIFurn
INTERIOR & PARTITIONS		DW Trim	Plas SWd	Comp HWd	<u>Sld&Pa</u> Paneling	T&G	PlyWd				
PLUMBING	CL	Lay WC	Tub w/S	Enc WH	SSk DSK	Shower	Dr LF	Laundry Tray	Plc Clay	Porc	<u>+545</u>
OTHER INTERIOR CONSTRUCTION	CL	<u>STINS</u> APP	SWd Gas	HWd Elec	Mtl Oven	TOP Range	Plc Surf	Lino Slidein	CerTile Dropin		
REPLACE None	CL	Ext	Int	1Sty	2Sty	Sgl Circ	Bkd FreeStdg	Stkd	ClgHi		
BASEMENT	CL	_____ x _____ or _____ % WLS Conc Blk Rock Dirt DaLt FLR Conc Wd Dirt									
Full None		FIN <u>NO</u>	x	or	% WLS	Plas	Fur'd DW	Comp	PlyWd	Wd CLG DW	
% Heated		Plas Comp	AcouTile	PlyWd	Wd	FLR	Tile	Lino	Cork	Carpet	
		Fam BR	Bath	Ldry	Kit	Den	Gar	Area <u>673</u> sf	Fin	Heat	<u>150</u> <u>1008</u>
ATTIC or UPPER STORIES	CL	x	or	% Flr&Stairs	FIN	x	or	% DW	Plas	Comp	Wd
% Heated		Sld&Pa	FLR	Dbl Sgl	SWd	HWd	Tile	Lino	Carpet	Fam	BR
		Bath	Den	Area	sf	Fin	sf	Heat	sf		
SPECIAL		THIS HOUSE NOT COMP.									

Ratings	Phys Cond	F A G	Func Utility	F A G	Res	F A G	Nbrhd	F A G	Totals	+	-
Remarks											
SUMMARY OF DWELLING COMPUTATION											
Dwelling _____ sf x _____ R2 units = _____ sf x _____ psf = \$ <u>776.9</u>											
Net Lump Sum Adjustment \$ _____											
Total Base Cost \$ _____											
19 <u>77</u> LCM <u>110</u> % x Qual Adjustment _____ % = <u>Revalue</u> <u>1970</u> % Modifier x Base = \$ <u>8546</u>											
Depreciation: Physical, Functional and Economic = Percent Good <u>75</u> %											
Depreciated Replacement Cost (transfer to Value Summary) \$ <u>6409</u>											