

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 95-13030Date Received: 01/11/2010Receipt No: N023330Received By: dm

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

1. Name of Claimant(s) Robert J. Roman, AND ^{OR} Karen L. Roman Phone (208) 773-2010Mailing Address 20530 W. Riverview Dr Post Falls ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 11-12-04
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 50N, Range 06W, Section 13,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 50N06W-13-1050Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

5. 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.

well completed in 1968, no well record available
connected to Trailer prior to 2002, new home 2002

6. 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 ☒ or AFY ()For Stock water purposes from 01-01 to 12-31 amount .027. Total Quantity claimed .06 cfs ☒ or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 20 head mixed stock and
one home

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9. Location of Place of Use is: Township 50N, Range 06W, Section 13

NW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

If different than shown in Item 4

for (Check One) Domestic () Stock () Domestic and Stock ☒

Additional places of use, if any N/A

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

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

If the 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: Trailer First connected to well under water
right # 95-08547

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: 2

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) Robert J. Roman Date: 12-8-09

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

SCANNED

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ROMAN PIN 50N06W-13-1150



SCANNED

JAN 12 2010

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State of Idaho
Division of Building Safety
Plumbing Bureau

APPLICATION FOR HOMEOWNER'S PLUMBING PERMIT

Please indicate type: ☒ New Construction ☐ Remodel ☐ Fixture Replacement

THE PROPER INSPECTION FEE MUST ACCOMPANY THIS APPLICATION. This application is to be completed and mail before work is started and is for the use of homeowners doing the actual plumbing work of a one or two family dwelling only on the property.

I Robert Roman, as owner of the property, will do the actual installation of the following item

SECTION A - Cost to install plumbing fixtures - \$8.00 a fixture plus a \$30.00 permit fee. (Inside work)

ENTER THE NUMBER OF FIXTURES ON EACH LINE.

<u>2</u> Bathtub/shower	<u> </u> Floor Drain
<u>1</u> Sink (Kitchen)	<u>1</u> Clothes Washer
<u>2</u> Toilet	<u>1</u> Water Softener
<u>2</u> Wash Basin (Bathroom)	<u> </u> *Dish Washer
<u>1</u> Water Heater	<u> </u> *Garbage Disposal
<u> </u> Other (Type): <u> </u>	

* Count if only a remodel or fixture replacement

Total fixture count 10 x \$8.00 = \$ 80.00
 Permit fee \$ 30.00
 Total of Section A \$ 110.00

SECTION B - Alternate installations. (Outside work)

 Sewer - \$38.00 (From house to sewer main or septic tank)
 Water - \$38.00 (From well or water meter to house)
☒ Sewer & Water Lines - \$50.00 (If inspected at same time)
 Sprinkler - \$38.00 (Connection through backflow device)
 Mobile Home Connection - \$40.00
 (Mobile home connection is the actual connection of the mobile home sewer and water lines to sewer and water stubs)

Total of Section B \$ 50

TOTAL OF SECTION A (if applicable) \$ 110

TOTAL OF SECTION B (if applicable) \$ 50

TOTAL COST \$ 160

LOCATION OF PROPERTY - Where plumbing work is to be done. (i.e., Address, Lot/Block, Subdivision, City - If address is unknown please include a map.) 20530 W. Riverview Dr. Post Falls, ID

County Kootenai

CURRENT MAILING ADDRESS (Please Print)

Homeowner: Mr./Mrs./Ms. Robert Roman

Mailing Address: 20530 W Riverview Dr. Post Falls, ID 83855
 (Street or Box) (City) (State) (Zip)

Daytime Telephone Number: 661-8366 Other Telephone Number:

Failure to send permit application and required fee prior to work being commenced will, at the discretion of the Bureau, result in the assessment of a double fee.

Make check or money order payable to the **Plumbing Bureau** and mail to the Division of Building Safety, Plumbing Bureau, 1090 East Watertower Street, Meridian, Idaho 83642. Any questions, call (208) 334-3442.

FOR THE MOBILE HOME OWNER: I agree to permit inspections of this installation by an inspector from the Division of Building Safety and hereby certify that this installation herein designated will comply with Title 54, Chapter 26, Idaho Code.

FOR THE HOMEOWNER: I agree to permit inspections of these plumbing installations by an inspector from the Division of Building Safety. I agree to conduct all required tests of the hot and cold water distribution system, and of the drainage and vent piping system in conformance to the requirements of sections 103.5, 412.8.1, 609.4, 712.2, 723.0 of the Uniform Plumbing Code and hereby certify that these plumbing installations herein designated are to be made by the homeowner below and that said homeowner will assume responsibility for compliance with Title 54, Chapter 26, Idaho Code.

Signature of Homeowner: [Signature]

Date: 11-12-2010

(1) WHITE: Division Copy

(2) PINK: Owner Copy

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