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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

Ident. Number 95-15232Date Received: 9/17/10Receipt No: N425682Received By: [Signature]

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) IRVAN E. & MARY L BAILEY Phone 208 773-5908

Mailing Address 15008 W RIVERVIEW DR, POST FALLS, IDAHO Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) APR 13 1973
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) —
which is tributary to (b) —

4. Location of Point of Diversion is: Township 50N, Range 5W, Section 9
SE 1/4 of NE 1/4, or Govt. Lot — BM. County of ROOTENAI;

Parcel (PIN) no. —

Additional points of diversion if any: —

If available, GPS coordinates: —

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, 6" 45 ft. DEEP (DRILLED)

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from Jan 1 to DEC 31 amount .04 cfs or AFY () 18 gal PA

For — purposes from — to — amount —

7. Total Quantity claimed .04 cfs () or AFY ()

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

Stockwater and Number of livestock) DOMESTIC, 1 HOUSEHOLD

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9. Location of Place of Use is: Township 50N, Range 5 WBM, Section 9.

SE 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 _____

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:

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: _____

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) Irwan C. Bailey Date: 9/16/10

Mary L. Bailey Date: 9-16-10

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. _____

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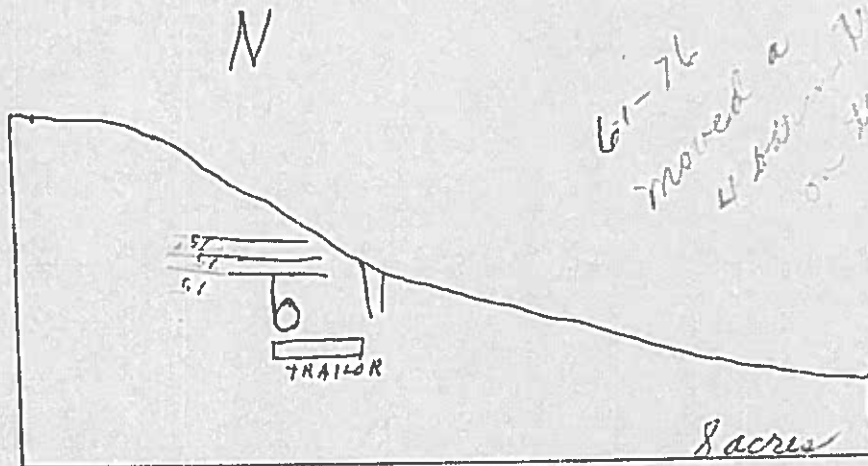
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73-28-112582

PANHANDLE DISTRICT HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

Permit No. 6943 Date April 13, 1973
 Installation for Irwan E. Bailey at SE 1/4 NE 1/4 Sec 9, T.50N, R.5W
 (Name) (Legal description of property)
 Address of Installation Shoof river at Post Falls - 1.3 mi from bridge
 No. Living Units _____ Bedrooms 3 People Served 5 Water Supply--Private X Public _____
 Applicant is: Owner X Contractor _____
 FWA _____ FARM HOME _____ VA _____ CONV. _____ EXISTING _____ NO. 14X64 McCall Home
 Septic Tank 1000 gal. Per. Rate _____ Min./in. Min. Depth to Ground Water _____ ft.
 Effluent Disposal: Effective Area Required _____ sq. ft. Soil System: _____ Soil Profile _____
 Field Drain _____ Absorption Bed _____ Standard _____ Modified _____ Seepage Pit _____ Dimensions _____
 Distance from Disposal Area to:
 Property Lines: Front 2 ft. Back _____ ft. Side _____ ft. Dwelling Foundation _____ ft. Well _____ ft.
 Surface Water _____ ft. Nearest Neighbor's Well _____ ft. Plot Plan Submitted and Approved _____ Septic Tank _____ ft.
 Remarks: Irwan E. Bailey Post Falls
 Applicant Irwan E. Bailey Paid _____ Bill _____ No Fee _____
 Address RT 2, Box 349 E, Post Falls Permit Issued by David L. G. only
 INSPECTION: Septic Tank Size _____ Standpipe _____ Depth to Manhole _____
 Distance from Septic Tank to: Dwelling Foundation _____ ft. Well _____ ft. Nearest Neighbor's Well _____ ft.
 Effluent Disposal: Effective Area _____ sq. ft.
 Field Drain _____ Absorption Bed _____ Standard _____ Modified _____ Seepage Pit _____ Dimensions _____
 Pipe Size _____ No. of Lines _____ Length _____ Depth _____
 Distance from Disposal Area to:
 Property Lines: Front _____ ft. Back _____ ft. Side _____ ft. Dwelling Foundation _____ ft. Well _____ ft.
 Surface Water _____ ft. Water Service Piping _____ ft. Depth to Gravel _____ ft. Nearest Neighbor's Well _____ ft.
 Approved _____ Not Approved _____ Inspected _____ (Date) _____ by _____ Installed by _____
 Remarks _____

Applicant's sketch of house, proposed sewage layout and all adjacent wells (dimension between all components) --



Nº 3797 BUILDING PERMIT APPLICATION

KOOTENAI COUNTY, IDAHO

S. P.

Applicant to complete numbered spaces only.

JOB ADDRESS			
Tax #8064 Section 9, T. 50N., R. 5 W. B. M. (10 acres)			
1 LEGAL DESCR.	LOT NO.	BLK	TRACT
☐ SEE ATTACHED SHEET			
2 OWNER	MAIL ADDRESS		PHONE
I. E. Bailey	Rt. 2, Box 602, Post Falls, Idaho		83854 773-5908
3 CONTRACTOR	MAIL ADDRESS		PHONE
Same			
4 ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE
5 ENGINEER	MAIL ADDRESS		PHONE
6 LENDER	MAIL ADDRESS		BRANCH
7 USE OF BUILDING			
Rec Room & Bedroom Addition on Mobile Home			
8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE			
9 Describe work: Pleasantview Drive - Post Falls			
10 Change of use from			
Change of use to			

11 Valuation of work: \$7,840.00		PLAN CHECK FEE		PERMIT FEE \$40.00	
SPECIAL CONDITIONS:		Type of Const.	Occupancy Group	Division	
CALL FOR INSPECTIONS		Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load	
APPLICATION ACCEPTED BY:		Fire Zone	Use Zone	Fire Sprinklers Required ☐ Yes ☐ No	
PLANS CHECKED BY:		No. of Dwelling Units	OFFSTREET PARKING SPACES:		
APPROVED FOR ISSUANCE BY:		Covered	Uncovered		
A. L.		A. L.	A. L.		
NOTICE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.					
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		SIGNATURE OF OWNER (IF OWNER BUILDER)			
A. L.		A. L.			
(DATE)		(DATE)			

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

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Date-8-20-71

Photo No.

Irvan E. Bailey
10805 E. Grace
Spokane, Wa. 99206

6908# 精

5059

A-43-544-1

Bk. 250 Pg. 23 Rev. Stamps.

REMARKS

Date Checked

12-22-77	24	6-11-78	20-me
12-5-73	24	5K	Bldg 5
10-10-74	16		

[illegible]

CONFIRMATION

MOBILE HOME APPRAISAL RECORD

Owner IRVAN E. Bailey Code Area 113-544-1 Decal No. _____

Address RT. 2 BOX 349-C P.F. Rent per Mo: Dwelling \$ _____ Lot \$ _____

Resident ☒ Military non-resident _____ 19 _____ 19 _____ 19 _____ 19 _____

Location / Legal Des. Tax # 8064 _____

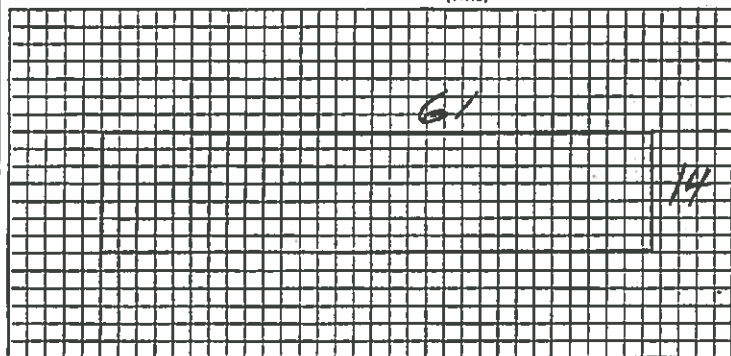
9-50-5 Mfgd by Guerdon Industries Serial No. P6022

Lienholder _____ Trade Name Tamrac 12 Model _____

Previous Owner _____ Class 2 Sgl ☒ Dbl _____ Lgth 61 Width 14

Purchase price \$ 8,600 New ☒ Used _____ Expando size _____ Total Sq Ft _____

Date of Purchase Jan 73 Year Mfgd 73 (Title) Int inspected: Yes _____ No ☒ Owner inf Tenant _____



APPRAISED VALUE SUMMARY

Dwelling — Depr Repl Cost \$ 7920 7000

Other Improvements D.R.C. _____

Total Depr Repl Cost _____

Value by GMRM _____

Correlated Value \$ _____

Site Value \$ _____

Total Site & Improvements Value \$ 7925

	Foundation	Cont	Conc	Blk	Rock	Masy	Wd	Mtl	Pier	Post	Mudsill	Base Cost	+	-	Lump Sum
Skirting	N/A	Fr:	Wd	Mtl	FG	Cover:	Wd	Mtl	FG	Comp					
Frame	Channel	1-bm	Tube	Med	Hvy	Towing Assembly	Axle	Coupler							
Exterior	Fr:	Wd	Mtl	L75G	Cover:	22Wd	Mtl	FG	Style:	Plain	Avg				
	Elaborate	Storm window	Storm door	Insulated Window	CW Insulation	4200									4300
Roof	Flat	G&B	Arch	Fr:	Wd	Mtl	FG	Cover:	Mtl	FG	Shgs:	Wd	Comp		
	Overhang		Gutters								CW Insulation				
Floor	Sgl	Dbl	Jolst	Sealed	Insulation	Cover:	Carpet	CW Insulation							
Interior	Fr:	Wd	Mtl	Cover:	22Wd	PG	Swd	Hwd	Comp	Pic	Ceiling:	Pnl			
	Doors:	Fair	Camp	Good	Acoutile	Trim:	22Wd	Utl	Bath	DR	Den				
Interior Components	Bltns:	Simple	Avg	Good	Ex	Kit	Utl	Chest	25	App:	Gas				
	Elec	Range	Dropin	Surf	Bltn oven	Kit hood & fan	Exfan	Hdfuel							+25
Electrical	Quality:	Low cost	Avg	Good	Ex	Quantity:	Few	Avg	Many	DCO	240				
Plumbing	1	Lav	Tub	Enc	Ssk	Shower	1	Dr	Laundry Tray						
	1	WC	22Wd	w/s	WH	Dsk	T	M	FG	1	LF	Pic	Clay	Porc	+25
Heating Cooling	Fao	Fag	22Wd	Gas	Oil	Elec	Flr	WI	BB						+300
Ratings	Phys Cond	F A G	Func Utility	F A G	Appearance:	Res F A G	Nbrhd F A G	Totals	+	-					

Remarks: Furniture Store

Ref. _____

Dwelling 854 sq ft x 9.30 psf = 7942

Net Lump Sum Adjustment 650

Total Base Cost 8592

19 _____ LCM _____ % x Qual Adjustment _____ % = _____ % Modifier x Base = _____

Depreciation: Physical, Functional and Economic = Percent Good 8192 %

Depreciated Replacement Cost (transfer to Value Summary) 7733

Appraised 4-23-74 By Am Computed 7-9-74 By Am