

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 95-13169Date Received: 06/07/06/2010Receipt No: N025123Received By: am

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

(mobile)

1. Name of Claimant(s) deViveiros Trust Phone (509) 879-9554Mailing Address 2622 W. Longfellow Ave Spokane, WA Zip 99205
Street or Box City State2. Date of Priority: (Only one per claim) 06/01/1969
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (x) (a) Lake Coeur d'Alene
which is tributary to (b) Spokane River4. Location of Point of Diversion is: Township 49N, Range 03W, Section 4,
NE 1/4 of NW 1/4, or Govt. Lot 2 BM. County of Kootenai County
Parcel (PIN) no. 0-2520-005-016-AAdditional points of diversion if any: NAIf available, GPS coordinates: NA

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.

EXISTING WATERLINE extending 120' waterward attached to a submersible pump in Lake Coeur d'Alene, (attached to 1 home)

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 _____ 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) one home.

SCANNED

JUL - 6 2010

9. Location of Place of Use is: Township 49N, Range 03W, Section 4,
NF 1/4 of NW 1/4, Govt. Lot 2 BM. Parcel (PIN) no. 8-00-2520-005-015-A
for (Check One) Domestic (☒) Stock () Domestic and Stock ()
If different than shown in Item 4

Additional places of use, if any NA

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

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: Property parcel boundaries appear to be inaccurate.

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: 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) Dale B. deViveiros Date: 7/6/2010

Christy E. deViveiros Date: 7/6/2010

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. _____

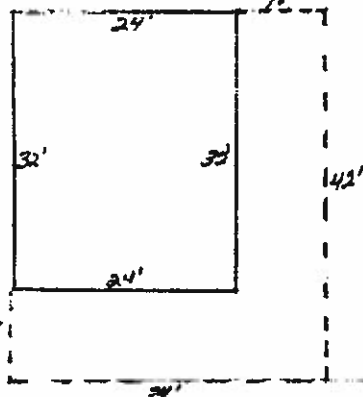
SCANNED

111 - 6 2010

Don Davis
207 Rock Dr.

Trinity Tracks Lots D & 16
East of Cedar Curve

RESIDENTIAL
BUILDING
APPRAISAL
RECORD



3x6 Deck just in conc piers 4x8-24" x
4'2" Deck 2' Rainwater 4x4-6' w/wood steps

Acct. #	Map #	Photo #
APPRAISED VALUE SUMMARY		
CLASS	DWELLING	- Depr Repl Cost
R1- 3	GARAGE	- Depr Repl Cost
R2-	OTHER IMPROVEMENTS D.R.C.	
CURVE	TOTAL DEPR. REPL COST	
A B C D	VALUE BY MGRM	
STORIES	CORRELATED VALUE	
(1/2) 2 2 1/2 SL	Land value ff	
Built 19 68	Cost \$	Mo Rent \$
Remodeled 19	\$	Sold 19
Listed to	\$	Offrd \$
Int Inspected	Yes	No
Appraised 1-19-11	By 22	Computed By
Appraised	By	Computed By
Square Feet		
Bsmr	1st	2nd
768		
FOUNDATION	Conc Blk Rock	
	Msrp Piers Wd	
ROOF	Gab Low Avg	
	SHGS Comp Wd Al	
	Asb Slate SHKS	
	Lt. Hvy Blup w/Gr	
	Flat RRFg Al CGI Msrp Tile	
+2.21		
EXTERIOR WALL	DBI	SDG SHGS Bevel Drop B&B Vert Horiz HdBd Solid
FIRST FLOOR	DBI	SWd DR HWd PlyWd Tile Lino Conc w/ATile
ELECTRICAL	CI	110 220 LowVolt Intercom Vac System
HEATING and COOLING	CI	Fao Fag Gas Oil HdFuel Sitr Fa Gravity Flr Wl
INTERIOR & PARTITIONS	CI	HWir Conv Rad Cable Total Area Heated
PLUMBING	CI	DW Plas Comp Sld&Pa T&G PlyWd
OTHER INTERIOR CONSTRUCTION	CI	BLTINS APP Gas SWd HWd Mtl TOP Plr Lino CerTile
FIREPLACE	CI	Ext Int Tsty 2Sly Sol Bkd Stkd CloH
BASEMENT	CI	Full None % Heated
ATTIC or UPPER STORIES	CI	FIN Plas Comp AcouTile PlyWd Wd FLR DW Comp PlyWd Wd CLG DW
SPECIAL	CI	Fam BR Bath Ldry K't Den Gar Area
Ratings Phys Cond F A G Func Util F A G Res F A G Nbrhd F A G		
SUMMARY OF DWELLING COMPUTATION		
Dwelling sf x R2 units = 768		
19 LCM % x Qual Adjustment % = 1.54		
Depreciation: Physical, Functional and Economic		
Depreciated Replacement Cost (transfer to Value Summary)		

Fax Note
 To JAN
 Date 5/9/61
 # of pages 2
 From CAROL PHDI
 Phone 208-667-9513

PANHANDLE DISTRICT HEALTH UNIT
 PERMIT FORM
 Kootenai County

Permit No. _____

Fee \$5.00

Paid _____

Bond _____

Mr. Norm Sperle

has complied with the require-

ment of the Kootenai County Sanitary Code Section II, and

has installed a septic tank

at Cabin near Eddyville

can operate

Dan Davis

Name and Address _____

This permit is revocable at any time for failure to comply with rules or regulations pertaining to installation or operation of the facility described.

Issued this _____ day of _____ 1969

R. M. Ehrlich

Health Officer or Deputy

de VIVEIROS TRUST PIN 0-2520-005-016-B

