

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 95-14870

Date Received: 05/12/2010

Receipt No: N024320

Received By: dm

NOTICE OF CLAIM TO A WATER RIGHT

~~FOR~~ 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 and Melanie J. Smith Phone (509) 468-7477

Mailing Address PO Box 864 Post Falls ID Zip 83877
Street or Box City State

2. Date of Priority: (Only one per claim) Jan 15, 1977
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 50 North, Range 3 West, Section 3,
SE 1/4 of NE 1/4, or Govt. Lot 1 BM. County of Kootenai;
Parcel (PIN) no. 50N03W032050

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.

domestic well - new 1/1977, 6 inch diameter, 120 feet deep,
casing schedule: .25" 6" plus 1 foot to 73 feet, no well screen
casing drive shoe was used, no packer/sealer, no perforations,

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

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 use for two households:
main house and auxiliary living unit

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gravel not packed
10 gpm

90 wim
7 .04

9. Location of Place of Use is: Township 50 North, Range 3 West, Section 3, SE 1/4 of NE 1/4, Govt. Lot 1 BM. Parcel (PIN) no. _____

SECTION 3
That portion of
government Lot 1
and the south half of
the northeast quarter
of Section 3
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: Attached: Aerial photograph, well Drillers Report
WELL DRILLING PERMIT #95-77-N-25

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 95-77-N-25 (Well Drillers Report)

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 ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2 4.025

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) Melanie J. Smith

Date: 12/9/09

Date: 12/9/09

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 _____

Address _____

Date _____

Last Name Smith, Melanie Identification No. _____

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THE ATTACHED IDAHO CERTIFICATE OF TITLE IS THE LEGAL OWNERSHIP DOCUMENT FOR YOUR VEHICLE OR VESSEL. DO NOT CARRY IT IN YOUR VEHICLE OR VESSEL. KEEP IT IN A SECURE PLACE. UPON SALE OR TRANSFER OF THIS VEHICLE OR VESSEL, THE NEW OWNER MUST APPLY FOR TITLE WITHIN 30 DAYS TO AVOID A \$20.00 PENALTY.

SMITH, ROBERT B
SMITH, MELANIE J

PO BOX 864
POST FALLS ID 83877-0864

DETACH HERE

07GB009875 DVS01182 2108

IDAHO CERTIFICATE OF TITLE									
VEHICLE IDENTIFICATION NUMBER				YEAR	MAKE	BODY	MODEL	DESCRIPTION	
1667139320				1976	CHRY	HS	TL	MBL HM	
2ND VEHICLE IDENTIFICATION NUMBER				ODOMETER READING			DATE		
				EXEMPT					
TITLE NUMBER		PRINT DATE		WEIGHT	LENGTH	WIDTH	HULL	HORSEPOWER	PROPULSION
A033330		10/23/2007			66	14			
OWNER'S NAME AND ADDRESS					OTHER PERTINENT DATA				
SMITH, ROBERT B OR SMITH, MELANIE J PO BOX 864 POST FALLS, ID 83877-0864					TAMARACK				
Assignment of Title Federal and state law requires that you state the mileage when transferring ownership of a motor vehicle. Failure to complete or providing a false statement may result in fines and/or imprisonment.									
ODOMETER READING - Reading is actual unless indicated otherwise. (NO TENTHS): DATE:				5 PURCHASER'S PRINTED NAME(S) A • B •					
☐ In Excess of Mechanical Limits ☐ Not Actual - Warning: Odometer Discrepancy				☐ Exempt ☐ No Device					
DATE SOLD:				6 ADDRESS					
SELLER'S OR REPRESENTATIVE'S PRINTED NAME(S)				7 CITY STATE ZIP					
I certify, to the best of my knowledge, that the odometer reading reflects the actual mileage, unless otherwise indicated. I also hereby release my interest and transfer ownership to the named purchaser. I understand that I must file a release of liability statement within five days of delivering the vehicle to the purchaser. SELLER'S OR REPRESENTATIVE'S SIGNATURE:				8 I am aware that if I apply for title in Idaho, I must do so within 30 days of purchase or a \$20.00 late filing penalty may be due. I am also aware of the odometer certification made by the seller. PURCHASER'S OR REPRESENTATIVE'S SIGNATURE: A B 2nd PURCHASER'S OR REPRESENTATIVE'S SIGNATURE (or representative's printed name):					
Lienholder Section									
FIRST LIEN NONE				SECOND LIEN					
RECORDED 10/15/2007				10 SIGNATURE RELEASING LIEN DATE					
SIGNATURE RELEASING LIEN				11 NEW LIENHOLDER'S NAME / LIEN CREATION DATE					
				12 ADDRESS					
				13 CITY STATE ZIP					

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08484716

VOID IF ALTERED. EAGLE WATERMARK VISIBLE IF HELD TO LIGHT

Manatran GRM - AppraisalDetailTask - DocumentHistoryView Microsoft Internet Explorer provided by Kootenai County

http://snope2/GRM_Main/WebUI/InfoCenter/transferHistory.aspx?CurrentTask=5cb9b73-7d90-4791-b1b5-58f64e014c2e

File Edit View Favorites Tools Help

MANATRON

Effective Versioning

Common Actions

Active Tasks

Help

Document History of Revenue Object

PIN: 50N03W032050 TAG: 021000
AIN: 139343 TIF:
Status: Active Case:
Geocode: 6460 Plan:
Rev acc: 0000553640 Rol type: Real Property

Current Owner: SMITH ROBERT B
Ownership type: Tenancy in Common
Site address: 11124 E FERNAN LAKE RD
Description: LT 1 N-SE-NE E OF RD
Class: 534- Imp res rural tract

Document	Created	Revised	Owner	Consideration
1/27/2007 1:00 AM	1/2/2007	2/23/2007	EDDY WILLIAM H (50N03W032050)	0.00

Document Date: 1/1/2007
Consideration: 0.00
Deeded Owner:
SMITH MELANIE J; SMITH ROBERT B

SMITH ROBERT B (50N03W032050)
SMITH MELANIE J (50N03W032050)

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William J. Eddy T-A-33-Misc-2
Rt. 3, Box 272-B
CDA, ID 83814

1976 Tamarack 66x14 S. #9320

3 50 3W

82 2694

Owner William J. Eddy Code Area A-33-

Address Rt. 3, Box 272-B Rent per Mo: Dwelling T-D-

CDR 83814

Resident Military non-resident 19

Location / Legal Des. 3-50-3W

A33-3679-1

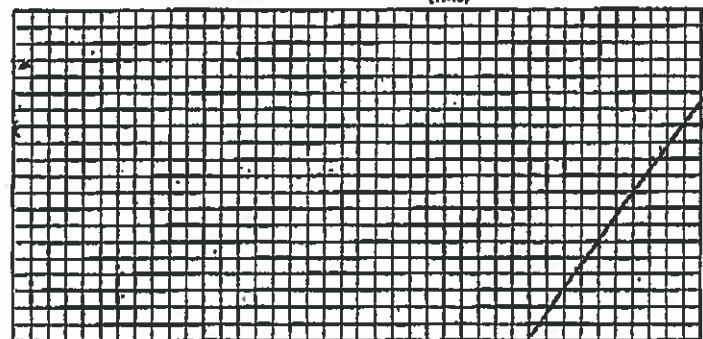
Mfgd by _____ Serial No. 9320

Holder _____ Trade Name Tamarack Model _____

Previous Owner _____ Class 5 Sgl ✓ Dbl _____ Lgh 66 Width 14

Purchase price \$ 11,000 New ✓ Used _____ Expandable size _____ Total Sq Ft 924

Date of Purchase 1976 Year Mfgd 1976 Int Inspected: Yes ✓ No _____ Owner ✓ Tenant _____



APPRAISED VALUE SUMMARY

Dwelling - Depr Repl Cost \$ 11,850

Other Improvements D.R.C. 550

Total Depr Repl Cost

Value by GARM

Correlated Value

Site Value

Total Site & Improvements Value

Foundation	Cont <u>Asp</u> <u>Stl</u> Rock Masy WB Mtl <u>Pier</u> Post Mudall	Base Cost <u>12,600</u>
Skirting	Ft: <u>Wd</u> Mtl FG Cover: <u>Wd</u> Mtl FG Comp	
	Channel <u>Iron</u> Tube Mod <u>Hwy</u> Joining Assembly Axle Coupler	
Exterior	Ft: <u>Wd</u> Mtl FG Cover: <u>Wd</u> <u>Stl</u> FG Stylr Plain Avg <u>Bay window</u> Elaborate <u>Storm window</u> Storm door Insulated Window CW Insulation	
Roof	Flat <u>Gab</u> Arch Gutters <u>Wd</u> Mtl FG Cover: Mtl FG Shgs: Wd Comp Overhang CW Insulation	
Floor	Spl <u>Dbl</u> <u>Joint</u> <u>Sealed</u> Insulation Cover: <u>Carpet</u> Hwd <u>Resilient</u> CW Insulation	
Interior	Ft: <u>Wd</u> Mtl Cover: <u>Plt</u> <u>PG</u> <u>Stylr</u> Hwd Comp Decor: Fair <u>Acoustic</u> <u>LR</u> <u>DR</u> <u>Kh</u> <u>Util</u> <u>1/2</u> Bath <u>3BR</u> Den <u>Plt</u> Swd Hwd <u>Car</u>	
Interior Components	Blindr: Simple <u>Avg</u> Good Ex Kit <u>Oil</u> Chest App: Gas Ber <u>Range</u> <u>Drain</u> Surf Blindr oven <u>Stove & fan</u> Exfan Disp <u>Dishwasher</u> Blindr ref Wet bar <u>Fireplace</u> Gas Elec Hdtrial	
Electrical	Quality: Low cost <u>Avg</u> Good Ex Quantity: <u>Few</u> <u>Avg</u> Many DCO	
Plumbing	WC <u>1</u> Tub <u>1</u> Enc <u>1</u> Sh: <u>Shower</u> <u>Dr</u> Laundry Tray WC <u>1</u> w/s <u>1</u> WH <u>1</u> Dsk T M <u>1</u> <u>1</u> Plc Clay Porc	
Heating	Fao Fag <u>Fec</u> Gas Oil Elec Br Wl BB ACondg: Refr Evap Unit FoDuct	
Coatings	Phys Cond F A <u>✓</u> Func Utility F A <u>✓</u> Appearance: Res F A <u>✓</u> Nbrhd F A <u>✓</u>	

Remarks: _____

Dwelling 924 sq ft x \$ 12,600 = 11,642

Net Lump Sum Adjustment

Total Base Cost 11,642

19 79 LCM 117 % x Qual Adjustment X % = 117 % Modifier x Base = 1362

Depreciation: Physical, Functional and Economic = Percent Good 22 %

Depreciated Replacement Cost (transfer to Value Summary) 11,850

Appraised 5/23/79 By FP + JK Computed 5/24/79 By Jay

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USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

ENT'D

1. WELL OWNER

Name Bill Eddy RT. 3, BOX 272 B
Residence 830, Coeur d'Alene, Idaho
Address 83814
Owner's Permit No. 95-77-N-25

7. WATER LEVEL

Static water level 20 feet below land surface
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped
10		

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6	1	20	Surface Seal		X
6	20	50	Sand		X
	50	73	Broken ~~AA~~ Shale	X	
	73	120	Blue Shale	X	

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 120 feet
Casing schedule: ☐ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>2.5</u> inches	<u>6</u> inches	<u>+ 1</u> feet	<u>73</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

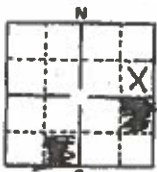
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 20 Material used in seal: ☐ Cement grout
Bentonite ☐ Pudding clay ☐ Well cuttings
Sealing procedure used ☐ Shurry pit ☐ Temporary surface casing
☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name Gov't.
Lot No. 1 Block No. _____

County SE 4 ME 4 Sec. 30 T. 30 N. 3 R. 3 W

10. Work started 1-5-77 finished 1-8-77

11. DRILLERS CERTIFICATION

Firm Name CARMAN DEVELOPMENT CO Firm No. 228
Address E. 6010 Broadway Date 1/17/77
Signed by (Firm Official) John Carman
and
(Operator) John Carman

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SMITH PIN 50N03W-03-2050



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