

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

95-12833

Date Received: 01/05/2010

Receipt No: N023239

Received By: tm

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) GARY D. RAMONA MOBBIS Phone (708) 773-7297Mailing Address 13032 Ragged Ridge Rd. Hauser ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 05/29/1985
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) NAwhich is tributary to (b) NA4. Location of Point of Diversion is: Township 51N, Range 06W, Section 01-9200,SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 51N06W-01-9200Additional 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.

95-85-N-16 well completed 1985
connected to 14470 mobile home. Replaced by mobile 1989. Replaced by
stick built home in 1996

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 .04 cfs (X) or AFY ()

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

Stockwater and Number of livestock) 1 Home + 20 head of mixed stock.

NNED

JAN - 5 2010

9. Location of Place of Use is: Township 51^N, Range 06^W, Section 01-~~9~~⁸
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
for (Check One) Domestic () Stock () Domestic and Stock (☒)
Additional places of use, if any NA

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

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: 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) [Signature] Date: 01-05-10

Date: _____

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 _____ Identification No. _____

RECEIVED

JAN - 5 2010

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.

[illegible]

EXAMINED
JAN 5 2010

51N06W.01-9.200

PANHANDLE HEALTH DISTRICT I **APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM**

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

Paid: Cash _____ Check _____ No Fee _____

Fee: _____

Date: _____

Site Eval. # _____

For (name) Gary & Tracie MobbsLegal description of property W_{1/2}, W_{1/2}, SE_{1/4}, SE_{1/4} of Sec. 1, T 51N, R 6WLocation Ne corner of Hauser Lake Rd. & Hauser View Rd.N. 8906 Hauser View Rd.Size of lot 10 Acres ft. x _____ ft.

Applicant's signature _____ Applicant is: _____ Owner _____ Other _____

Mailing Address: _____ Phone _____

SITE EVALUATION

Testhole #1 LOWER-MOTTLED FROM 2' TO 8' Testhole #2 UPPER-SANDY LOAM-NO MOTTLED

Testhole #3 _____

Testhole #4 _____

Remarks: TESTHOLE READYValid for one year from date: _____ By: _____
Environmental Health Specialist

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

Permit # 8144Fee: \$50.00Date: May 29, 1985

PLOT PLAN ATTACHED (show house, other buildings, etc.)

No. Living Units 1 Bedrooms 2 People served 3 Other MOBILE HOME - FUTURESpecific Tank 1,000 Gallons, Distance to dwelling foundation: 5 ft. min.

Well: 50 ft. min. Water Line: 10 ft. min. Surface Water: 50 ft. min.

Type of tank: Cement _____ Other _____

Disposal area: Drainfield X Ab. Bed _____ Other _____ Dimensions 150' linear feet

Component separations: Property lines 5 ft. min./Dwelling foundation 20 ft. min./Well 100 ft. min./Surface water 300 ft./min./Neighbor's well 100 ft. min./Septic tank 8 ft. min./Water service lines 25 ft. min./Water suction line 100 ft. min.

Remarks and/or conditions: Community Services Approval #13076-5/29/85

I understand that this permit is non-transferable and is valid for 1 year from date of application. Drainfield must not exceed 4 feet in depth.

Applicant's Signature X Tracie Mobbs Phone: 773-7297Mailing address: E 86740-1 Hauser Lake Rd. Post Falls ID 83444Plot plan submitted _____ Approved 31 May 85 Disapproved _____Permit issued by RC Fuller _____, Environmental Health Specialist

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION 24 HOURS BEFORE COVERING SYSTEM

Inspection: System covered _____ Approved _____ Not approved _____

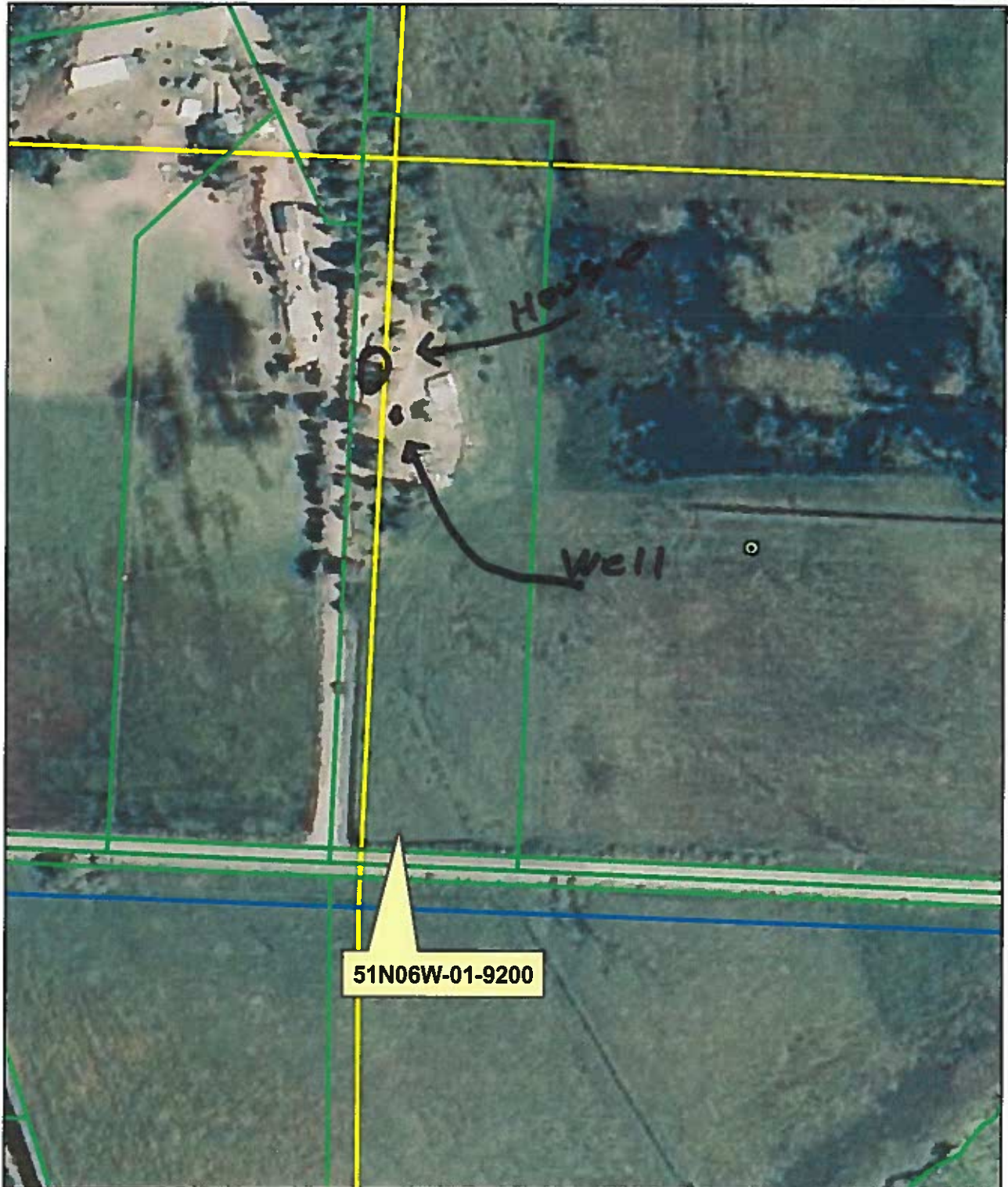
Inspected by _____ Installed by _____

Remarks: _____ Date: _____

Reference: Rules & Regulations for Individual and Subsurface Sewage Disposal Systems

SCANNED
JAN - 5 2010

MOBBS PIN 51N06W-01-9200



SCANNED
JAN 5 2010