

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 95-16103Date Received: 11/1/10Receipt No: ND 86246Received By: HS

RECEIVED

NOV 01 2010

IDWR/North

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) Fred and/or Diane Finney Phone (208) 1667-5096Mailing Address 7034 E. Maplewood Ave., Post Falls ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 9/15/1986
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 04W, Section 08,
NE 1/4 of NE 1/4, or Govt. Lot 4 BM. County of Kootenai;Parcel (PIN) no. 50N04W080475Additional points of diversion if any: NoneIf available, GPS coordinates: N 17

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.

Submersible pump in well.

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 Domestic home and sheep w/ one bathroom

SCANNED

NOV - 1 2010

9. Location of Place of Use is: Township 50N, Range 04W, Section 08,
NE 1/4 of NE 1/4, Govt. Lot 4 BM. Parcel (PIN) no. 50N04W08-0500
for (Check One) Domestic (☒) Stock () Domestic and Stock ()
Additional places of use, if any one shop w/ bathroom 50N04W08-0475
50N04W08-0160

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.
None 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) Adam Lanning Date: 5-22-09 10-4
Date: 5-22-09 10-4
11-1-10

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

SCANNED

NOV - 1 2010

30404W-08-0475

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) Fred Finney
Legal description of property Part of Lot 4 Sec. 8, T 50N, R 4W
SEE ATTACHED FOR COMPLETE LEGAL
Location E. 6886 Ohio Match Rd. (ave.)
next to DAW sawmill site on west side.
Size of lot _____ ft. x _____ ft.
Applicant's signature _____ Applicant is: _____ Owner _____ Other _____
Mailing Address: _____ Phone _____

SITE EVALUATION

Testhole #1 _____ Testhole #2 _____
Testhole #3 _____ Testhole #4 _____
Remarks: _____
Valid for one year from date: _____ By: _____
Environmental Health Specialist

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

Permit # 9737 REPAIR/REPLACE Fee: \$30.00
Date: Sept. 23, 1986
PLOT PLAN ATTACHED (show house, other buildings, etc.)
No. Living Units 1 Bedrooms 3 People served _____ Other MOBILE HOME/CARETAKERS
Septic Tank: 1,000 Gallons, Distance to dwelling foundation: 5 ft. min. EXISTING S. TANK
Well: 50 ft. min. Water Line: 10 ft. min. Surface Water: 50 ft. min.
Type of tank: Cement ☒ Other _____
Disposal area: Drainfield ☒ Ab. Bed _____ Other _____ Dimensions 10x50 BED OK 26 SEP 86
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 6 ft. min./Water service lines 25 ft. min./Water suction line 100 ft. min.
Remarks and/or conditions: COMMUNITY SERVICES APPROVAL #14370 - 9/22/86
Replacement for Permit # 2047 - August 17, 1977.
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 Linda DeLo Phone: 664-0409
Mailing address: 2010 Ironwood Parkway C.D.H.
Plot plan submitted _____ Approved 23 Sept 86 Disapproved _____
Permit issued by AB 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

COPY

SCANNED
NOV - 1 2010



50N04W8NENE
LOT 4

WELL

POU

NOV 2010

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.

[illegible]

SCANNED
NOV - 1 2010