

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 95-14051

Date Received: 9-18-09

Receipt No: N022196

Received By: A.V.

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Chet & Diane Park Phone (208) 687-0535

Mailing Address 18815 N. Milwaukee Rd Rathdrum ID 83858
Street or Box City State ZIP

2. Date of Priority (Only one (1) per claim) May 15, 1993
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 52N, Range 4W, Section 20,
SE, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. 1300

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. 8" steel cased well with a 5hp and a 20hp pump. Schedule 40 PVC pipe 6", 5", 4", 2" diameter. West run from pump house approx. 4500'. East run from pump house approx. 2500'.

Depths and more information on attached well log. The east run was hooked up on Dec. 1992, the west run was hooked up on June 1993 to the Chet Park residence and the Scott Whitesitt residence. The Dan Park residence was hooked up in October 2002.

SCANNED

SEP 16 2009

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Domestic purposes from Jan. 1 to Dec. 31 amount .02 or

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) .02 (cfs) and/or (b) (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Domestic

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
52	4W	20						D											

Parcel (PIN) no(s). 3370

Total number of acres irrigated

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 your 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 (✓)

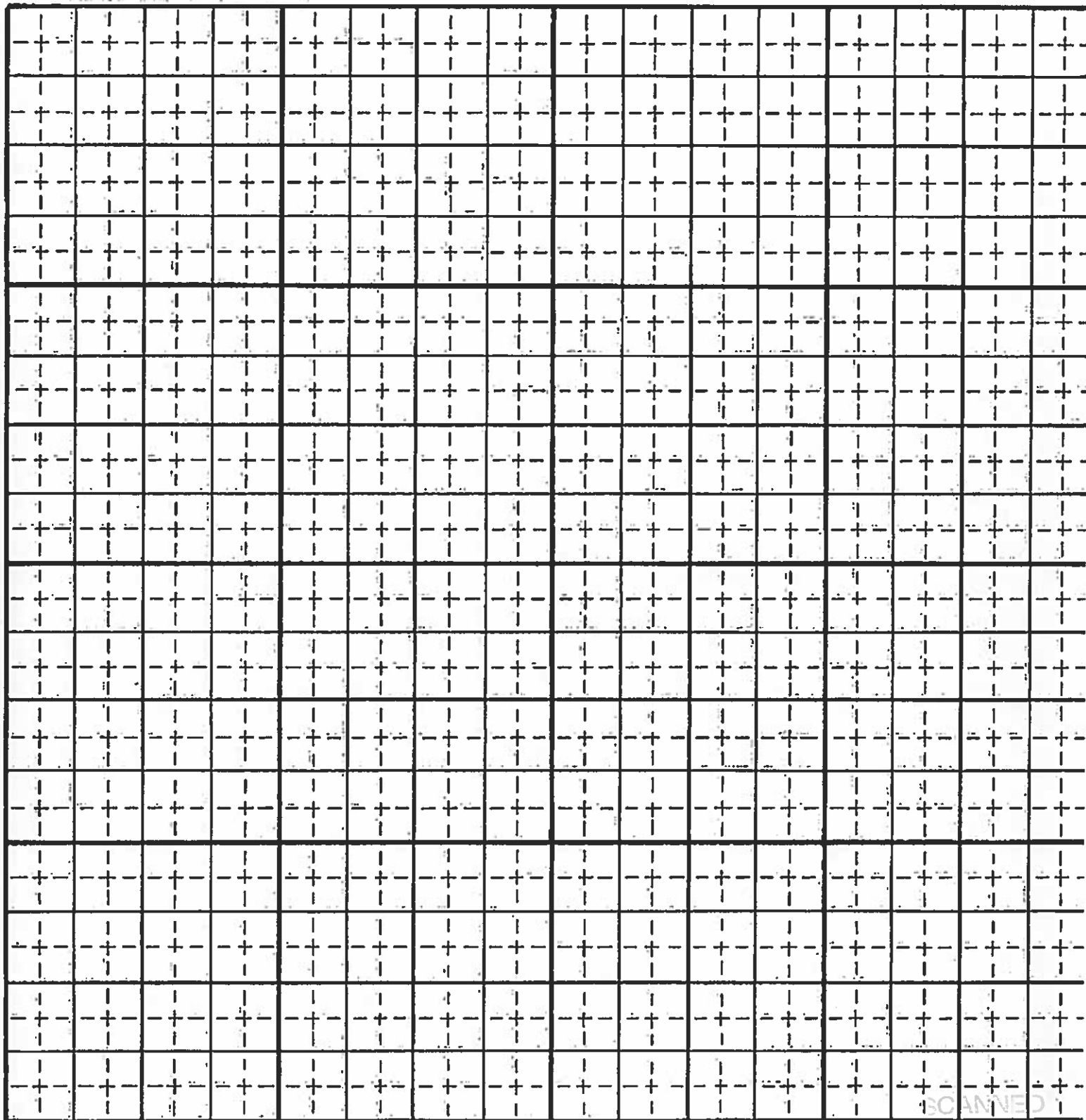
13. Remarks:

Last Name Park Chet

Identification No.

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile



Last Name Park Chet Identification No. SEP 1 2009

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: 4 _____

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) Chetan G. Park Date: 17 SEP 2009
Diane Park Date: 9/17/09

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 _____ Date _____

Address _____

Last Name Park Chet Identification No. _____

AMATEUR RADIO LICENSE		NOT TRANSFERABLE	
EFFECTIVE DATE	06/07/85	EXPIRATION DATE	06/07/95
NAME AND ADDRESS		CALL SIGN	OPERATOR PRIVILEGES
CHESTER A PARK N 2675 MILWAUKEE RD RATHDRUM		NOTE	EXTRA
10 K3R55		STATION PRIVILEGES	
TOLD HERE		PRIMARY	
FILED STATION OPERATION LOCATION		2 MI N OF RATHDRUM ON HWY 41	
RATHDRUM		10	
THIS LICENSE IS SUBJECT TO CONDITIONS OF GRANT ON REVERSE SIDE			
UNITED STATES OF AMERICA FEDERAL COMMUNICATIONS COMMISSION GETTYSBURG, PA 17325			
LICENSEE'S SIGNATURE <i>Chester A. Park</i>		FEDERAL COMMUNICATIONS COMMISSION 	

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SEP 10 2003



WASHINGTON STATE COMMUNITY COLLEGE DISTRICT 17
N. 2000 Greene Street
Spokane, Washington 99207

PART-TIME INSTRUCTIONAL CONTRACT

20795

This agreement is between Washington State Community College District 17 and

171	3392	Chester Park	[REDACTED]	3
College	Quarter/Year	Instructor Name	Soc. Sec. Number	TT
A				E.S.
Action Code A/C/D	Team Teacher's Name (if applicable)	Schedule No.	ADDENDUM ATTACHED	Yes No

Schedule No.	Assoc. Item	Dept. Abb.	Course No.	Sec.	Course Title	Sec. Stat.	Mult. Sec.	Inst. Intent	Hegis/CIP	Capacity	
4655		CHEM	1209	AB	Chemistry					25	
Lec. Hrs.	Lab Hrs.	Clin. Hrs.	Other Hrs.	Adm. Unit	Budget	Fund.	Building	Room	Time Location	Days of Week	Half Hours
					011-2186		7	106			
Start Time	End Time	Start Date	End Date	Tenth Day	Cont.	Location of Class					
5:00P	8:30P	9/19/88	12/12/88								
Contact Hrs./Wk	Total Contact Hrs.	Rate of Pay/Hr.	Total Salary	FOR OFFICE USE ONLY	Pay Period	Pay per Period	FTEI				
7	87.5	x 18.86	= 1,650.25								

As a prerequisite of payment under this agreement, the instructor shall have an application, a W-4 and vocational certificate (if required) on file in the District Personnel Office.

This contract shall continue to be in force and in effect only as long as sufficient funds are available as determined by the District President and to the extent sufficient funds are not available, this contract will cease to be effective upon notification to you of the lack of such funds. Such determination shall be final and conclusive. It is further agreed that the above class may be cancelled by District 17 at the discretion of the appropriate supervisor.

Neither this appointment nor any policy, rule or regulation shall be construed as providing you with an expectancy of re-employment by District 17. This is a temporary assignment not subject to tenure provisions under RCW 28B.50 et seq.

This offer of employment is made subject to the laws of the State of Washington, the rules of the State Board for Community College Education, the policies and rules of the Board of Trustees of Community College District 17 and to the applicable parts of any agreement which may be negotiated pursuant to state law affecting the terms and conditions of employment, as they now exist or may hereafter be amended, the same as though expressly set forth herein. You are subject to assignment or reassignment of duties as determined by the appropriate administrator.

This contract may be one of several different agreements made with District 17 in any given quarter. Total first-time load for all courses taught within District 17 in a given quarter may not exceed 80% of the work load for the mode of instruction as defined in the master contract without prior approval of the Personnel Office.

Acceptance of this temporary part time appointment shall be indicated by signing the employment contract and returning it to the Personnel Office. This offer expires _____ and becomes invalid if not received or postmarked prior to the expiration date, unless the expiration date is officially extended by the District President.

ACCEPTANCE OF EMPLOYMENT

I have read and understand the terms, conditions, duties and responsibilities of employment described on both sides of this contract. I accept this offer of part-time appointment. I understand that this contract does not become final and binding upon the parties until signed by the Secretary to the Board of Trustees.
This contract plus all other contracts with District 17 for this quarter totals: ☐ contact hours per week.

Date _____ Signature _____
Phone Number: Home _____ Work _____

Mailing Address

Chester Park

Name (Print Legibly)
North 2815 Milwaukee Road

Street Address
Spokane, ID 83859

City _____ State _____ Zip _____

WHITE-PERSONNEL WHITE-PAYROLL YELLOW-EMPLOYEE WHITE-PERSONNEL PINK-SUPERVISOR

Forward top 5 copies to personnel.

BOARD OF TRUSTEES, COMMUNITY COLLEGE DISTRICT 17

By: _____
Secretary, Board of Trustees

Contract Recommended By: **Tony Babrey** **2010**
Name (Typed) _____ Mail Stop _____

Appropriate administrator's signature _____ Date _____

Vocational Certificate:
Required _____ Yes _____ No _____
Expiration Date _____

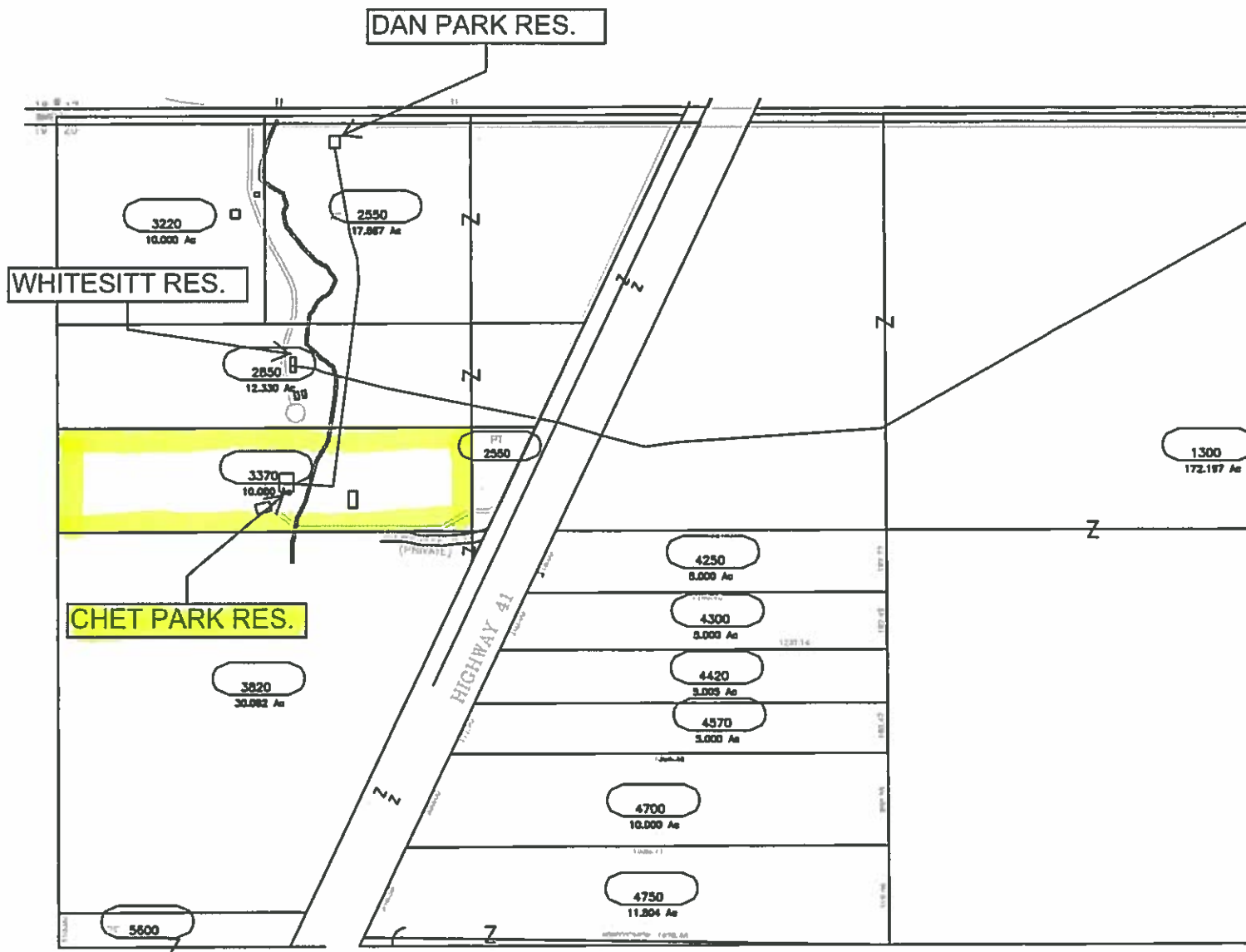
CONTRACT APPROVED BY:

Personnel Office _____ Date _____

GREEN-PERSONNEL (PRIOR APPROVAL) GOLD-ADMIN. SERVICES BLUE-DEPARTMENT
WCC-1612 (5/85)

✓

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