

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 95-11856

Date Received: 12/22/09

Receipt No: 1023152

Received By: Kan

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

RECEIVED

JAN 11 2010

IDWR/North

1. Name of Claimant(s) Randall O. Knight & Mary L. Knight Phone (208) 773-2743

Mailing Address P.O. Box 696 Port Falls, Id. Zip 83877  
Street or Box City State

2. Date of Priority: (Only one per claim) Oct. 12, 2004  
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 R5W, Section 10  
NE SW 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Portneui

Parcel (PIN) no. OKO250010020

Additional points of diversion if any: N/A

If available, GPS coordinates: N/A

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.

Well - 95-96-N-39 completed in 1996 &  
Connected to one home in 2004

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 104 gfs  
Month/Day Month/Day cfs ( ) or AFY ( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 104 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 - 1 household

SCANNED SCANNED  
JAN 11 2010 DEC 24 2009

9. Location of Place of Use is: Township 50N, Range R5W, Section 10,  
SW 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. 0  
If different than shown in Item 4  
for (Check One) Domestic ☒ Stock ☐ Domestic and Stock ☐

Additional places of use, if any N/A

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:

\_\_\_\_\_

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)

Randall C. Knight Date: 1-6-10  
Mary R. Knight Date: 1-6-10

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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Last Name \_\_\_\_\_

Identification No. \_\_\_\_\_

JAN 11 2010

DEC 24 2009

**Certificate of Occupancy**  
**Department of Building Inspection**  
**Kootenai County**

This Certificate is issued pursuant to the requirements of the Kootenai County Building Code Ordinance and the current Uniform Building Code certifying that, at the time of issuance, this structure was in compliance with the various Ordinances of Kootenai County regulating building construction or use for the following:

Building Permit No. 36716

Plan No. 36716

Occ. Group R3/U

Occ Load 21

Use Classification: SINGLE FAMILY RESIDENCE

Construction Type: VB

Owner of Building: RANDALL KNIGHT

Building Address 13506 W. RIVERVIEW DR. POST FALLS, ID 83854

Authorized Signature:

Date: October 12, 2004

By issuing any permit or certificate, or by conducting any compliance inspection, Kootenai County makes no warranty, implied or otherwise, that any inspected building is constructed wholly in compliance with adopted codes or that it is safe or fit for any particular purpose. Kootenai County expressly disclaims any liability for construction defects in buildings it is called upon to inspect in the course of carrying out its government duties. Owner desiring protection from construction defects should hire their own inspectors who can be present while construction is in progress.

*att. Song*

FORWARD WHITE COPY TO WATER RESOURCES

# KNIGHT PIN 0-K025-001-002-0

