

# 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 93-13426Date Received: 1-19-10Receipt No: N023417Received By: ew

## 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

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JAN 19 2010

1. Name of Claimant(s) Sahli Living Trust Phone (208) 773-4011 IDWR/NORTH

Mailing Address 2791 N Corbin Rd Post Falls ID Zip 83854  
Street or Box City State

2. Date of Priority: (Only one per claim) 1986 September, 8  
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 51N, Range 5W, Section 29,  
SE 1/4 of SW 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Kootenai;  
Parcel (PIN) no. 0-3000-29-106AA

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.

Well and Pump

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

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

7. 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

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9. Location of Place of Use is: Township 51N, Range 5W, Section 29,

SE 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. \_\_\_\_\_

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 County

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: 1

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) Kim Schell Date: 1-13-2010

Trustee 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. \_\_\_\_\_

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0-3000-59-106 AA -

**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) Terry & Lori Hamilton

Legal description of property Lots 105, 106, 107 Greenacres Irrigated Tracts Plat #7

Location Corbin Rd. north to southwest corner of Corbin rd & Hargrave Rd.

Size of lot 8.41 acres 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 # 9681

Fee: \$85.00

Date: Sept. 8, 1986

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

No. Living Units 1 Bedrooms 2 People served 2 Other MOBILE HOME

Specific Tank: 1000 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 ☒ Ab. Bed \_\_\_\_\_ Other \_\_\_\_\_ Dimensions 100 x 3

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 #14333 - 9/8/86

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 Terry & Lori Hamilton

Mailing address: 10609 - D Pineview dr, Port York, PA 17351

Plot plan submitted \_\_\_\_\_

Permit issued by Q.B. Fula

Approved 8 Sept 86

Disapproved \_\_\_\_\_  
\_\_\_\_\_, 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

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JAN 19 2010