

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: 95-17231

Date Received: 09-24-09

Receipt No: NO 22269

Received By: N. Steading

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) EVELYN J WINKLER, and/or Fred Winkler III Phone 208 687-1225

Mailing Address 11470 N Church Rd Rathdrum Id Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) _____
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 51 N, Range 05 W, Section 9,
NE 1/4 of SW 1/4, or Govt. Lot — BM. County of KOOTENAI County

Parcel (PIN) no. 0-2225-001-003-0

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.

HAND dug well, inside is a metal lining culvert
2 pressure tanks in Pump House. 1300 water line to home

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 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) ONE HOME

SCANNED
SEP 29 2009

9. Location of Place of Use is: Township 51N, Range 05W, Section 9

SW 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 T 51N R 05W S 9 SE SW

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:

Home LIES within 2 separate as 1/4, 1/4
T 51N R 05W S 9 SW SW AND T 51N R 05W
S 9 SE SW SW

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: _____

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) Ernie L. Winkler

Date: 9-16-2009

Fred Winkler Spokane WA

Date: 9/18/09 X

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 _____

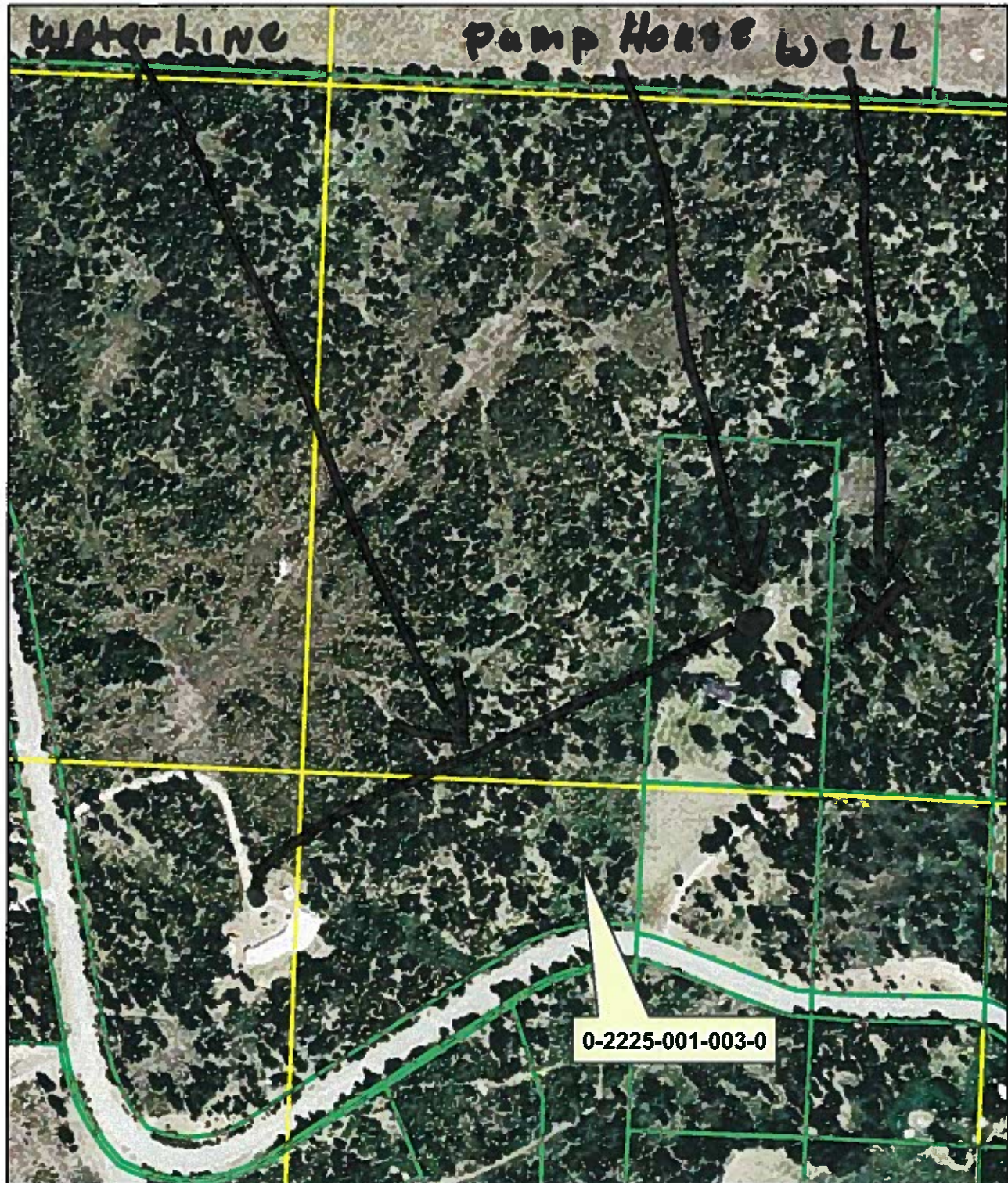
Date _____

Last Name _____ Identification No. _____

SCANNED

SEP 29 2009

WINKLER PIN 0-2225-001-003-0



RESIDENTIAL BUILDING APPRAISAL RECORD

Acct. # _____ Map # _____ Photo # _____

see other
side of
sheet for
DIAGRAM

CLASS		APPAISED VALUE SUMMARY		
R1-6	DWELLING	-	Depr Repl Cost	\$26,316
R2-	GARAGE	-	Depr Repl Cost	2526
CURVE	OTHER IMPROVEMENTS D.R.C.			
ABCD	TOTAL DEPR. REPL COST			28,842
STORIES	VALUE BY MGRM			27,851
	CORRELATED VALUE			28,840
① 1 1/2	2 2 1/2 SL	Land value ff		\$31,850
Built 19 67	Cost \$	Mo Rent		\$7,500
Remodeled 19	\$	Sold 19		32,350
Listed	to	\$	Offrd	\$
Int Inspected	Yes	No	Owner	Tenant
Appraised 4-17-68	By JN	Computed		By
Appraised	By	Computed 6-20-77		By JF
Square Feet		Sq Ft Items		Lump Sums
Bsm't	1st	2nd	Base	
	3147		Cost	9.14
FOUNDATION		Blk Rock		
Post Beam		Msry (Pier) Wd		
ROOF		Low Avg Sleep		
Hip		SHGS Comp Wd Al		
Flat		Asb Slate SHKS		
		Lt. Hvy Blup w/Gr		
		RRfg Al CGI Msry Tile		

EXTERIOR WALL	SDG SHGS	Bevel Asb	Drop Comp	B&B Wd	Vert BRK	Horiz Ven	Hd Bd Solid	PlyWd BLK	AL Pt	SHKS Stucco		
FIRST FLOOR	DLR	SWd	HWd	PlyWd	Tile	Lino	Carpet	Conc w/ATile			-1.10	(no lino.)
ELECTRICAL	CL	110	220	Low Volt	Intercom	Vac System					-24	-384
HEATING and COOLING	CL	Fog	Conv	Gas	Oil	Hd Fuel	Stkr	Fe	Gravity	Flr WI		
INTERIOR & PARTITIONS	CL	BB	GIPl	Cable	Total Area Heated	3147	sf x \$	4.53	psf		+1668	
PLUMBING	CL	42 DW	Trim	Plas	Comp	HWd	Sid&Pa	T&G	PlyWd		-127	
OTHER INTERIOR CONSTRUCTION	CL	BLTINS	APP	Gas	SWd	HWd	Mtl	TOP	Pic	Lino	CerTile	Dropin
FIREPLACE	CL	Ext	Int	1Sty	2Sty	Sgl	Bkd	Stkd	ClgHi			
BASEMENT	CL	Full	None	% Heated								
ATTIC or UPPER STORIES	CL	Full	None	% Heated								
SPECIAL												

Ratings	Phys Cond	F A G	Func Utility	F A G	Res F A G	Nbrhd F A G	Totals			
SUMMARY OF DWELLING COMPUTATION										
Dwelling							3147	sf x	8.56	8.70 psf =
19	LCM	%	x Qual Adjustment	%			1.54	% Modifier	46.08	
Depreciation: Physical, Functional and Economic										
Depreciated Replacement Cost (transfer to Value Summary)										
Net Lump Sum Adjustment										
Total Base Cost										
Base =										
Percent Good										
Depreciated Replacement Cost (transfer to Value Summary)										

PANHANDLE HEALTH DISTRICT I
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT FEE \$40.00

PERMIT NO. RP0-0059 PAID _____ CASH _____ CHECK _____ NO FEE X DATE December 20, 1979
INSTALLATION FOR (NAME) Fred Winkler SIZE OF LOT approx 130 Acres FT.
LEGAL DESCRIPTION OF PROPERTY XXXXXX SW $\frac{1}{4}$ except parts sold
Sec. 9, T 51N, R 5W

LOCATION OF INSTALLATION Howell Rd. Rathdrum

NO. LIVING UNITS 1 BEDROOMS 3 BATHS 1 PEOPLE SERVED 4 OTHER MOBILE HOME - TEMPORARY -

EXISTING SEPTIC TANK 750 GALS. - DISTANCE TO DWELLING FOUNDATION _____ WELL _____ WATER LINE _____
HOUSE BURNED DOWN

SURFACE WATER _____ TYPE OF TANK: CEMENT _____ METAL _____ OTHER _____

DISPOSAL AREA: DRAIN FIELD _____ ABSORPTION BED _____ OTHER _____ DIMENSIONS _____

PERK RATE _____ MIN/IN. SOIL PROFILE _____

DISTANCE: PROPERTY LINES: _____ EXISTING DRYWELL

FRONT _____ FT. BACK _____ FT. SIDE _____ FT. DWELLING FOUNDATION _____ FT.

WELL _____ FT. SURFACE WATER _____ FT. SEPTIC TANK _____ FT. NEIGHBOR'S WELL _____ FT.

DEPTH TO GROUND WATER _____ FT. WELL LOG ☐ YES ☐ NO

UNDERSTAND THAT THIS PERMIT IS NON-TRANSFERABLE AND IS VALID FOR 1 YEAR FROM THE DATE OF APPLICATION. DRAINFIELD MUST NOT EXCEED 3 FEET IN DEPTH.

APPLICANT'S SIGNATURE Fred Winkler APPLICANT IS: ☐ OWNER ☐ CONTRACTOR ☐ OTHER

MAILING ADDRESS Box 15272 Spokane WA 99215 PHONE NO. 924-3722

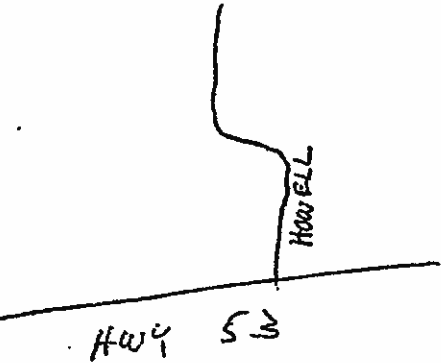
REMARKS _____

COPY TO: ☐ Fm. HA ☐ Fed. HA ☐ VA Other _____

LOT PLAN SUBMITTED _____ Date _____ APPROVED 21 Dec 79 Date _____ DISAPPROVED _____ Date _____

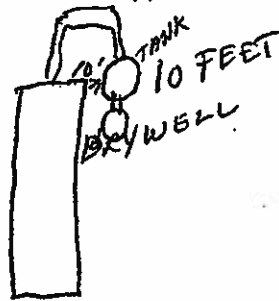
PERMIT ISSUED BY P. B. Fuller REMARKS RECORD PURPOSES PERMIT - UNABLE TO LOCATE ORIGINAL PERMIT - INSTALLED APPROX. K 1966 by POST FALLS SEPTIC

VICINITY MAP
(Show How To Get There From This Office)



System covered unit installed prior to fire.
(Show House, Other Buildings, Proposed Sewage Layout, Wells, Water Lines, Roads, Streams, Lakes and Distances Between)

Community Services Approval #8730 - 12/14/79



SEE ATTACHED PLAN

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

INSPECTION - SYSTEM COVERED _____ APPROVED _____ Date _____ NOT APPROVED _____ Date _____

INSPECTED BY _____ Name _____ INSTALLED BY _____ Name _____ DATE _____

REMARKS _____

SITE DATA

Year of Valuation:

1979

Land Use: SFR

Zoning: Sub Ac

Size:

Area: 129.85 Ac

FF ON

Location PAGE
Amenities PAGE
Landscaping PAGE

Neighborhood
Improving
Static
Declining
Blighted Area
Rural ☒

Street or Road
Paved ☒
Gravel
Dirt
Sidewalks
Curb & Gutter
Driveway

INFLUENCES	PLUS	MINUS
Depth		
Topography		
Irregular		
View	☒	
Drainage		
Physical Barriers		
Access		
Corner		
Water		
Sewer		
Sidewalk		
Paving		
Alley		
Curb & Gutter		
Other:		
TOTAL		
NET (+) (-)		

Topography
Level
Sloping
Above Grade
Below Grade
Rolling ☒
Hilly
Waterfront

Utilities
Water - System Well
Gas - Natural Liquefied
Electrical - Overhead Underground
Sewer - System septic Storm

Land Category	Productivity	Acres/Lots	Unit Value	Net Value
RRT		1A	Site	6000
Inv. Repr	For	5.7Ac	30	170
Inv. Repr	For	26A	60	1560
Inv. Repr	For	93.06A	100	9300
Waste		4.09A		

UNIT PRICE
BASIC LAND VALUE
(+) (-) FACTORS

LAND VALUE
\$ 17030

REMARKS: Lightly wooded

Place Picture Here

136658 51N05W-09-5920
WINKLER, EVELYN J OR FRED A III
BOX 15272
SPOKANE, WA 99215

Orig 07 app 82
1 APR 11-82 BY Winkler

Remarks:

