

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 95-14339Date Received: 07/21/2010Receipt No: N025262 AReceived By: fm

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

- Name of Claimant(s) ROD SIEGFRIED Phone 509 924-7564
Mailing Address 13624 E REDLIN SPokane Valley WA Zip 99216
Street or Box City State
- Date of Priority: (Only one per claim) 6-1-1966
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other ☒ (a) LAKE COEUR D'ALENE
which is tributary to (b) SPokane River
- Location of Point of Diversion is: Township 49N, Range 04W, Section 15
SW 1/4 of SW 1/4, or Govt. Lot 4 BM. County of Kootenai
Parcel (PIN) no. 0-7640-000-016-B
Additional points of diversion if any: NA
If available, GPS coordinates: NA
- 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.
Foot Valve To Water Line To Pump To Pressure Tank To One Home
- Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 11-01 to 12-31 amount .04 cfs ☒ or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed .04 cfs ☒ or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) One Home

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9. Location of Place of Use is: Township 49N, Range 04W, Section 15,
SW 1/4 of SW 1/4, Govt. Lot 4 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 NA

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: ~~one~~ TWO

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) [Signature] Date: 7-21-10

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. _____

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07640000016B SHEET 001 OF 001 USE CODE 3711 INSPECTED N

RESIDENCE

CLASS 3	YEAR BUILT 1966	CONFORMING Y	MARKET GRADE 3	STORIES 1	AGE
ROOMS:	LR K DR REC BED BATH OTH UT FPLC	SQ FT	RATE	BASE COST	
1ST FLOOR		480	34.74	16675	
2ND FLOOR					
BASEMENT					
ATTIC		168		3349	
COMPONENTS				1664	
EXTENSION	21688 LCM 1.40 QUAL 1.00 MRKT 0.69 %COMP	TOT	20950		

*** NO GARAGE/CARPORT #1 ***

*** NO GARAGE/CARPORT #2 ***

OI BASE COST TOTAL 5941

		SUMMARY			
SHT#	HOUSE	GARAGE/CARPORT	GARAGE/CARPORT	OTHER IMPRVMT	TOTALS
001	20950	0	0	3564	24514
SHEET TOTAL ***					24514

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SEIGFRIED, Rod PIN 0-7640-000-016-B



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