

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 95-14340

Date Received: 07/21/2010

Receipt No: N025262B

Received By: Jim

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) MIKE R. SIEBERIED Phone (509) 998-8450

Mailing Address 13624 E REDLIN SPOKANE VALLEY WN Zip 99216
Street or Box City State

2. Date of Priority: (Only one per claim) 6-1-1959
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other X (a) LAKE COEUR D'ALENE
which is tributary to (b) SPOKANE RIVER

4. 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. 0-2646-000-016-B

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.

FOOTVALE TO WATER LINE TO PUMP TO PRESSURE
TANK TO ONE 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 .04 cfs X 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) 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. _____

for (Check One) Domestic ☒ Stock () Domestic and Stock ()

If different than shown in Item 4

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: 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) Mark R. Sugrue

Date: 7-21-10

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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Parcel No. 0-7640-000-016 Code Area 6106

Name/Address _____

IDAHO RESIDENTIAL PROPERTY RECORD

Sheet No. ____ of ____

MISCELLANEOUS DATA

Class 3
Use Code 3711
Units 1
Market Grade 3
Year Built 1959
Year Remodeled _____
Effective Age _____
Effective Year _____
Shape Code A
Date Occupied _____

VALUES SUMMARY

YEAR 96 YEAR _____

Residence \$ 15,579 \$ _____
Garage \$ _____ \$ _____
Carport \$ _____ \$ _____
Other \$ _____ \$ _____
Total Improve. \$ _____ \$ _____
Land \$ _____ \$ _____
MARKET VALUE \$ _____ \$ _____

PURCHASE INFORMATION

Price _____ Date _____
Price _____ Date _____
Asking _____ Date _____
Rent _____ Per _____ Date _____

Legal Description _____

Property Address _____

Inspected By

Computed By

Certified Appraiser

Assessor

Reinspection

REM 4 RAP

Date _____ Rev Yr _____

Date 8-28-96 Rev Yr _____

Date _____ Rev Yr _____

Date _____ Rev Yr _____

Date _____ Rev Yr _____

Prebuilt

Building Permit

Under Construct.

YES NO

Photo No. _____

LAND INFORMATION

01 NEIGHBORHOOD				02 OFF-SITE IMPROVEMENTS				03 TOPOGRAPHY				04 WATER FRONT PROPERTY				05 ON-SITE UTILITIES			
01 Urban	06 Stable	01 None	04 Asphalt/Conc.	01 Low	01 Lake	6 Beach	01 Electricity	05 Public Water											
02 Suburban	07 Improving	02 Public Access	05 Gravel/Dirt	02 Level	02 River/Creek	None P F A G E	02 Gas	06 Private Well											
03 Rural	08 Declining	03 Private Access	06 Sidewalks	03 Moderate Slope	03 Accretion	7 Grade.	03 Underground Elec/Telephone	07 Public Sewer											
04 Recreational		04	07 Curb/Gutters	04 Steep Slope	04 Bluff Land	P F A G E	04 Cable TV	08 Septic System											
90		90		90	05 Flood Plain	90	90												
06 SUBJECT DIMENSIONS				07 SITE INFORMATION				08 REMARKS											
Frontage				01 Location P F A G E															
Depth				02 Amenities P F A G E															
Other				03 Landscaping P F A G E															
				04 View P F A G E															
				05 Detriments Few Many None															
				06 Zoned															
09 COMPOSITE ADJUSTMENT								10 SITE ADJUSTMENTS											
CAT	LOC	CLASS	TYPE	UNIT	QTY	COST	BASE VALUE	01 Location	10 Access	20 View	30 Topography	40 Width	TOTAL	EXT.					
								50 Depth	60 Ploilage	70 Beach	80 Corner	90	FACTOR	VALUE					
APPRaiser: _____ APPRAISAL DATE: _____ REVIEW YR _____								LAND VALUE \$ _____											
REINSPECTED APPR. _____ DATE _____ REVIEW YR _____																			

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REV. 5-90

JUL 21 2010

SEIGFRIED, Michael PIN 0-7640-000-016-A



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