

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 95-14,347

Date Received: 5/4/10

Receipt No: 1024236

Received By: [Signature]

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) Terry Allen Phone () _____

Mailing Address 9608 E Remington Rd Arhol ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 4/25/1994
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 53N, Range 3W, Section 21,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of _____

Parcel (PIN) no. -2800

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 to Dec amount .04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 house

SCANNED

MAY - 4 2010

9. Location of Place of Use is: Township 53N, Range 3W, Section 21

NE 1/4 of NW 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? Kanawha

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: _____

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) Tami Allen by David Norton Date: 5/4/10

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

SCANNED

MAY 6 2010

PANHANDLE HEALTH DISTRICT APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM

RECEIVED JUN 2 1994
58841

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

Site Eval. #: _____

For (Name): J. Hank Hester
 Legal Description of Property: PARCEL "B" in NW 1/4 Sec. 21, T 53N, R 50W
 Parcel Number: PARENT PARCEL - 53N03W-21-2900
 Location: off REMington Rd. 116737 Size of Lot (Acreage): 10.02
 Applicant's Signature: _____
 Mailing Address: _____ Phone #: _____
 Applicant is: (x) -Landowner () -Contractor () -Installer Soil Type: _____

JUN 27 1994
KOOTENAI COUNTY
ASSESSOR

Fee: _____
Date: _____

SEE TEST HOLE INFORMATION SHEET

Remarks : _____

Valid For One Year From Date: _____ By: _____

Environmental Health Specialist

INSPECTION TIME: _____

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

Fee: \$220.00 Aquifer Surcharge: Yes
 Date: 04/25/94

Permit #: 10234 Domestic Wastewater Only

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

Bedrooms 4 Baths 3 Sq. Ft. MODULAR No. of People SPEC.

Septic Tank: 1,000 Gallons, Distance to dwelling foundation: 5 ft. min. Well: 50 ft. min. Water Line: 10 ft. min. Public
 Water Line 25 ft. min. Type of tank: Cement x Other 300' x 4' ft. 2-3' x 50' line

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.

TYPE OF DWELLING	TYPE OF INSTALLATION	DISP SYSTEM	EST TYPE
(x) SINGLE	(x) NEW	(x) DRAINFIELD	() 231 COMM SEW
() MULTIPLE	() REPLACEMENT	() ABS BED	(x) 232 NEW RES
() COMMERCIAL		() BASIC ALTER	() 233 EXIT RES
() OTHER		() COMPLEX ALTER	() 234 RES ALT
			() 235 NEW NON RES
			() 236 EXIT NON RES
			() 237 NON RES ALT

Remarks and/or conditions: _____

*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: J. Hank Hester Phone: 263-5404
 Mailing Address: Box 142 Priest River ID 83856
 Plot plan submitted: _____ Approved: 5-11-94 Not Approved: _____
 Permit issued by: Robert E. Graham, Environmental Health Specialist

INSPECTION TIME: _____

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION

Approved: _____ Not Approved: _____ Date: _____
 Inspected by: _____ Installed by: _____ Installer Lic. #: _____
 Remarks: _____

INSPECTION TIME: _____