

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 95-15877Date Received: 05/17/2010Receipt No: N024353Received By: Am

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) Jeff & Leanne Ager Phone (509) 448-2129

Mailing Address 4712 E. 40th Spokane Wa. Zip 99223
Street or Box City State

2. Date of Priority: (Only one per claim) 12/13/93
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 48N, Range 04W, Section 16,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 0-4020-000-013-0

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.

Drilling Permit # 95-93-N-247 → Well completed 1993
and connected to existing cabin. Cabin burned 2003-rebuilt 2004 *using existing well.*

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 1/1 Month/Day to 12/31 Month/Day amount .04 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) Domestic single household

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MAY 17 2010

9. Location of Place of Use is: Township 48N, Range 04W, Section 16,
NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

If different than shown in Item 4

for (Check One) **Domestic** (X) **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

11. Do you own the property listed above as place of use? Yes (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) 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) _____

Date: 5/17/10

Leanne Agur

Date: 5/17/10

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. _____

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~~TOPE PIN RP54N02W186941A~~



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Parcel No. D-4020-000-013-0 Cdn. Area 138065 GEA 5142

Name/Address _____

Legal Description _____

Property Address _____

Inspected By _____ Date _____ Rev Yr _____
 Computed By CIA Date 6/2/09 Rev Yr 91
 Certified Appraiser _____ Date _____ Rev Yr _____
 Assessor _____ Date _____ Rev Yr _____
 Reinspection _____ Date _____ Rev Yr _____

IDAHO RESIDENTIAL PROPERTY RECORD

Sheet No. ____ of ____

MISCELLANEOUS DATA

Class 3717
 Use Code 1
 Units 24
 Market Grade 1050
 Year Built 1994
 Year Remodeled 30
 Effective Age 10/26
 Effective Year A
 Shape Code _____
 Date Occupied _____

Prebuilt _____
 Building Permt _____
 Under Construct. _____

Phone No. _____

VALUES SUMMARY

YEAR 1997 YEAR _____
 Residence \$ _____ \$ _____
 Garage \$ _____ \$ _____
 Carport \$ _____ \$ _____
 Other \$ _____ \$ _____
 Total Improv. \$ _____ \$ _____
 Land \$ _____ \$ _____
 MARKET VALUE \$ _____ \$ _____

PURCHASE INFORMATION

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

LAND INFORMATION

01 NEIGHBORHOOD		02 OFF-SITE IMPROVEMENTS		03 TOPOGRAPHY		04 WATER FRONT PROPERTY		05 ON-SITE UTILITIES	
01 Urban	06 Stable	Street	04 Asphalt/Conc	01 Low	01 Lake	6 Beach	01 Electricity	09 Public Water	
02 Suburban	07 Improving	01 None	05 Gravel/Dirt	02 Level	02 River/Creek	None P F A G E	02 Gas	06 Private Well	
03 Rural	08 Declining	02 Public Access	06 Sidewalks	03 Moderate Slope	03 Accretion	7 Grade	03 Underground Elec/Telephone	07 Public Sewer	
04 Recreational		03 Private Access	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
								60 Depth	60 Plotage	70 Beach	80 Corner	90	FACTOR	VALUE
								%	%	%	%	%	%	%
								%	%	%	%	%	%	%
								%	%	%	%	%	%	%
								%	%	%	%	%	%	%

APPRaiser: _____ APPRAISAL DATE: _____ REVIEW YR _____
 REINSPECTED APPR. _____ DATE _____ REVIEW YR _____

LAND VALUE \$ _____

SCANNED
 MAY 17 2010
 IAD-RC
 REV. 5-00