

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 95-15952

Date Received: 5/20/10

Receipt No: 10824418

Received By: [Signature]

**NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

Please type or print clearly

1. Name of Claimant (s) Roy and Nancy Newton Phone (208) 667-5117

Mailing Address 2760 W Everwell Bay Lane Coeur d Alene ID ZIP 83814
Street or Box City State

2. Date of Priority (Only one (1) per claim) 8-15-1984 1984
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 49N, Range 04W, Section 11,
SE 1/4 1/4 of NW 1/4 Govt. Lot 3, BM., County of KOOTENAI

Parcel (PIN) no. 0-2260-000-009-A

Additional points of diversion if any: N/A

If available, GPS Coordinates N/A

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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 105 feet deep

95-84-N-19 WELL COMPLETED
1984

AND CONNECTED TO EXISTING
HOME AND CABINS

SCANNED
MAY 20 2010

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For domestic purposes from 1-1 to 12-31 amount .06 or

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) .06 (cfs) and/or (b) (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) ~~domestic 3~~ 1 HOME PLUS 2 CABINS

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49n	04W	11		~~REN~~	~~REN~~					D									~~REN~~

Parcel (PIN) no(s). 0-2260-000-009-A

Total number of acres irrigated

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 your 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: CABINS ARE USED BY FAMILY MEMBERS AND
ARE NOT USED FOR ANY COMMERCIAL USE.

Last Name Newton

Identification No.

SCANNED
MAY 20 2010

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

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: 5-28-10
Nancy Newton Date: 5-20-10

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 Newton Identification No. _____

SCANNED
MAY 20 2010

33-372

Everwell Bay

Lot 9
Tax # 3181

**RESIDENTIAL
BUILDING
APPRAISAL
RECORD**

Acct. # _____ Map # _____ Photo # _____

APPRaised VALUE SUMMARY	
CLASS	DWELLING - Depr Repl Cost \$ 8504
R1-1	GARAGE - Depr Repl Cost 154
R2-	OTHER IMPROVEMENTS D.R.C. 8658
CURVE	TOTAL DEPR. REPL COST 8650
(A) B C D	VALUE BY MGRM 6500
STORIES	CORRELATED VALUE \$ 8650
1 1/2 2 2 1/2 SL	Land value ff \$
Built 19-25	Cost \$ Mo Rent \$
Remodeled 19-	\$ Sold 19- \$
Listed to \$	Offrd \$
Int Inspected Yes No	Owner Tenant Other
Appraised 12-11	By 12-18-70 Computed By
Appraised By	Computed By Lump Sums
Square Feet	Sq Ft Items
Bsmnt 1st 2nd Base	+ -
857 428	Cost 9.87
FOUNDATION	Conc Blk Rock Msry Piers Wd -26
ROOF	Gab Low Avg Steep SHGS Comp Wd Al Hip Asb Slate SHKS Lt. Hvy Bltup w/Gr RRfg Al CGI Msry Tile
EXTERIOR WALL	Dbt Sgl SDG SHGS Bevel Asb Drop Comp B&B Wd Vert BRK Horiz Ven HdBd Solid PlyWd Pt AL SHKS
FIRST FLOOR	Dbt Sgl SWd LR DR HWd Kit Util 20'42" Tile Hall Bath BR Carpet Den Conc w/ATile
ELECTRICAL	CL 110 220 LowVolt Intercom Vac System
HEATING and COOLING	CL Fao Fag Fae Gas Oil HdFuel Stkr Fa Gravity Flr WI BB HWtr Conv Rad HtPump Chim only ACondg Elec WIFurn BB GIPnl Cable Total Area Heated sf x \$ psf
INTERIOR PARTITIONS	CL DW Trim Plas SWd Comp HWd Sid&Pa Paneling T&G PlyWd
CLOMBING	CL Lay WC Tub w/S Enc WH Ssk Shower T M FG Dr LF Plc Clay Porc
OTHER INTERIOR CONSTRUCTION	CL 2 BLTINS SWd HWd Mtl TOP Plc Lino CerTile APP Gas Elec Oven Range Surf Slidein Dropin ExFan Fan&Hood Disp Dishwasher
REPLACE None	CL 445 Ext Int 1Sty 2Sty Sgl Bkd Stkd ClgHi 445
ASSEMENT	CL x or % WLS Conc Blk Rock Dirt DaLt FLR Conc Wd Dirt
Full None % Heated	FIN x or % WLS Plas Fur'd DW Comp PlyWd Wd CLG DW Plas Comp AcouTile PlyWd Wd FLR Tile Lino Cork Carpet Fam BR Bath Ldry Kit Den Gar Area sf Fin sf Heat sf
ATTIC or UPPER STORIES	CL 2 x or % Fir&Stairs FIN x or % DW Plas Comp Wd Sid&Pa FLR Bath Den Dbl Sgl SWd HWd Tile Lino Carpet Fam 2BR Area 428 sf Fin 428 sf Heat sf + 1.80
SPECIAL	
Statistics	Phys Cond F A G Func Utility F A G Res F A G Nbrhd F A G Appearance Totals + 11.67 - 1.26
Remarks	SUMMARY OF DWELLING COMPUTATION Dwelling 857 sf x R2 units = 857 sf x 11.91 psf = 9778. Net Lump Sum Adjustment + 762. Total Base Cost 10,040. 19 LCM % x Qual Adjustment % = 1.54 % Modifier 15,462 Base = 64 % Depreciation: Physical, Functional and Economic 8504 Depreciated Replacement Cost (transfer to Value Summary) 6476

NEWTON PIN 0-2260-000-009-A



WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT