

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
County of TWIN FALLS State of IDAHO

CIVIL CASE NUMBER: 49576

ID Number: 94-9510Date Received: 12/21/2017Receipt No: C104429Amount: 25.00 By: TD

SEP - 1 2017

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

By [Signature] For domestic and/or stockwater purposes where
daily use is less than 13,000 gallons per day
Deputy Clerk

RECEIVED

DEC 21 2017

DEPARTMENT OF
WATER RESOURCES

Please type or print clearly

- Name of claimant(s) Calvin Fenter C/O Steven Fenter Phone 509-999-0789
Mailing address 31967 S BENEWAH RD HARRISON ID 83833
Street or Box City State ZIP
- Date of priority (only one (1) per claim) 7/1/1965
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 47N, Range 03W, Section 29
NW 1/4 of SE 1/4, or Govt. Lot 3, B.M., County of KOOTENAI
Parcel (PIN) no. 47N03W297860
Additional points of diversion, if any: _____
If available, GPS coordinates _____
- 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 WITH PIPING TO HOME. THE WELL WAS DRILLED IN 1965 AND USED DURING CONSTRUCTION
OF THE HOME ON THE PROPERTY
- 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 to 12/31 amount 0.04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (x) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): DOMESTIC FOR 1 HOME

9. Location of place of use is: Township 47N, Range 03W, Section 29, NW 1/4 of SE 1/4, or Govt. Lot 3, B.M., Parcel (PIN) no. (if different than shown in Item 4) SAME

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? 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.
LAKE WATER FOR LAWN IRRIGATION 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: 2

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) SR [Signature] POA FOR CALVIN Date: 8-28-17
_____ 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 _____

ENW

SWNE

SWNE 2

NWSE

ESW

29

47N03W

SW 3

NWSE 3

DURABLE POWER OF ATTORNEY (LIMITED)

The powers you grant below continue to be effective should you become disabled or incompetent.

I, CALVIN FENTER, residing at 31965 S. BENEWAH RD, HARRISON, ID 83833
hereby grant a limited and specific power of attorney to STEPHEN R. FENTER, residing at 31967 S. BENEWAH RD, HARRISON, ID 83833, and appoint this individual as my Attorney (attorney-in-fact).

My Attorney shall have full power and authority to act in my name, place and stead for only the following specific limited purpose(s) to the same extent as if I had done so personally.

ALL MATTERS WITH RESPECT TO MATTERS WITH THE COEUR D'ALENE TRIBE OF INDIANS AND/OR STATE OF IDAHO REGARDING LAND AND REAL ESTATE.

The authority granted shall include the full power and authority to perform all and every act and duty that is reasonably required or necessary to perform the duties and authorities listed above.

My Attorney accepts this appointment subject to its term and agrees to perform in a fiduciary capacity consistent with my best interests.

If any part of any provision of this power of attorney shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such validity only, without affecting the remaining provisions.

I hereby revoke any power of attorney heretofore given covering the authority and powers herein granted, without prejudice; and I hereby ratify and confirm all previous acts of my Attorney or Attorneys with the same force as if such acts had been done after the execution and deliver of this power of attorney.

I may at any time revoke this power of attorney by completing the Revocation portion of this form below or by filing an instrument of revocation in the records of the county in which I reside.

This power of attorney shall become effective immediately, and shall not be affected by my disability or lack of mental capacity, except as provided by an applicable state statute.

If my Attorney named by me dies, becomes legally disabled or refuses to act, I name the following to act as successor to my Attorney:

In Witness Whereof, I have executed this Limited Power of Attorney, this 28 day of August, 2017.

Calvin Fenter

Principal Signature

First Witness name

Second Witness Name

First Witness Signature

Second Witness Signature

STATE OF

IDAHO

COUNTY OF

KOOTENAI

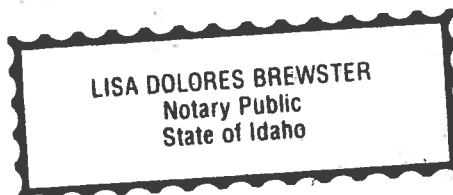
ACKNOWLEDGEMENT

Sworn to and subscribed before me, this the 28th day of August, 2017.

Lisa Dolores Brewster

Notary Public

My Commission Expires: 9/22/2022



REVOCATION

This Durable Power of Attorney (Limited) is hereby revoked by signing below.

Dated this _____ day of _____, 20____.

Principal Signature

This revocation is signed, sealed and delivered in the presence of:

Witness Name

Witness Signature

Notary Public

My Commission Expires: _____