

**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: 95-17475
Date Received:
Receipt No.:**

**RECEIVED
MAR 28 2018**

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

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
BARTON BENSON	16839 N FOWLER RD	RATHDRUM	ID	USA	83858
CATHY CHEVALLEY-BENSON	16839 N FOWLER RD	RATHDRUM	ID	USA	83858

2. Date of Priority:

Date	Explanation
2/22/1974	Drilling permit report dated that date on file. Attached.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	04W	29		SE	NE	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic Use

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

95-17475

8. Place of Use:

9. Basis of Claim:

Basis
Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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): _____ Date: _____
 _____ 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 _____

Please print name

1. Name of claimant(s) Barton Benson & Cathy Chevalley-Benson Phone (208) 712-3011
Mailing address 16839 N Fowler Rd Rathdrum ID Zip 83858
Street or Box City State
Email address (optional) ken@bkenbenson.com
2. Date of priority: (Only one per claim) February 22, 1974 (Explain priority date selected in Remarks)
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 52N, Range 04W, Section 29,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Kootenai;
Parcel no. 52N04W292200
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.
Domestic well - drilling report attached.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
- | | | | |
|--|--------------------------|--------------------------|-----------------------------------|
| | <small>Month/Day</small> | <small>Month/Day</small> | <small>cfs (✓) or AFY ()</small> |
| For <u>Domestic Use</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>.04</u> | | | |
| For _____ purposes from _____ to _____ amount _____ | | | |
7. Total quantity claimed .04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic 1 home.

45-17475

9. Location of place of use is: Township 52N, Range 04W, Section 29,
SE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. 52N04W292200

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? 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 (include an explanation of the priority date selected):

Property tax record, building permits and well drilling report - attached.

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 Water System 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: 4

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: 3-25-2018

Cathy Chevalley-Benson Date: 3-25-2018

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
 Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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 _____

Name of claimant(s) Barton Benson & Cathy Chevalley-Benson Claim ID _____

Nº 3724

BUILDING PERMIT APPLICATION

38

KOOTENAI COUNTY, IDAHO

S. P.

Applicant to complete numbered spaces only.

JOB ADDRESS			
38-656-25 - S½ SW¼ SE¼ NE¼ (CM-25) Sec. 29, T. 52N., R. 4 W. B. M. (5 acres)			
1 LEGAL DESCR.	LOT NO.	BLK	TRACT
☐ SEE ATTACHED SHEET			
2 OWNER	MAIL ADDRESS		ZIP
Geoffrey Praeger	Rt. 3, Box 400, Rathdrum, Idaho		83858
3 CONTRACTOR	MAIL ADDRESS		PHONE
Same			687-4331
4 ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE
5 ENGINEER	MAIL ADDRESS		PHONE
6 LENDER	MAIL ADDRESS		BRANCH
USE OF BUILDING			
7 Living room, bedroom, recreation room - Addition to existing house - unfinished basement			
8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE			
9 Describe work: Off Highway 53 - 1 1/2 miles east of Rathdrum on Fowler Road			
10 Change of use from			
Change of use to			
11 Valuation of work: \$7,680.00		PLAN CHECK FEE	
		PERMIT FEE \$40.00	
SPECIAL CONDITIONS:		Type of Const.	Occupancy Group
CALL FOR INSPECTIONS		Size of Bldg. 512'	Division
		(Total) Sq. Ft.	No. of Stories
APPLICATION ACCEPTED BY:		Fire Zone	Use Zone
A. L.	A. L.	No. of Dwelling Units	Fire Sprinklers Required ☐ Yes ☐ No
APPROVED FOR ISSUANCE BY:		OFFSTREET PARKING SPACES:	
A. L.		Covered	
		Uncovered	
NOTICE		Special Approvals	Required
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.		ZONING	Received
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.		HEALTH DEPT.	Not Required
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		FIRE DEPT.	Okay by Health Dept.
		SOIL REPORT	5/13/76
		OTHER (Specify)	
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT			
Mrs. Geoffrey A. Praeger			
(DATE) 5/13/76			
SIGNATURE OF OWNER (IF OWNER/BUILDER)			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION

CK.

M.O.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH

95-17475

BUILDING PERMIT APPLICATION #555

KOOTENAI COUNTY, IDAHO

Applicant to complete numbered spaces only.

JOB ADDRESS			
38-656-25, S ¹ / ₂ SW, SE ¹ / ₄ NE, (CM-25) Sec. 29, T. 52 N, R. 1 W.			
1 LEGAL DESCR.	LOT NO.	BLK	TRACT
☐ SEE ATTACHED SHEET			
OWNER			
2 Jeff Praeger		N. 1110 Cochran, Spokane, Wn.	
CONTRACTOR		MAIL ADDRESS	
3 Self		PHONE	
ARCHITECT OR DESIGNER		MAIL ADDRESS	
4 Self		PHONE	
ENGINEER		MAIL ADDRESS	
5 Self		PHONE	
LENDER		MAIL ADDRESS	
6 None		BRANCH	
USE OF BUILDING			
7 Dwelling.			
8 Class of work: ☒ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE			
9 Describe work: Wood frame			
10 Change of use from			
Change of use to			

11 Valuation of work: \$5,600.00		PLAN CHECK FEE		PERMIT FEE \$29.00	
SPECIAL CONDITIONS:		Type of Const.	Occupancy Group	Division	
CALL FOR INSPECTIONS		Size of Bldg. (Total) Sq. Ft. 448	No. of Stories	Max. Occ. Load	
APPLICATION ACCEPTED BY:		Fire Zone	Use Zone	Fire Sprinklers Required ☐ Yes ☐ No	
PLANS CHECKED BY:		No. of Dwelling Units	OFFSTREET PARKING SPACES:		
APPROVED FOR ISSUANCE BY:		Covered	Uncovered		
NOTICE		Special Approvals	Required	Received	Not Required
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.		ZONING			
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.		HEALTH DEPT.			
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		FIRE DEPT.			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		SOIL REPORT			
X <i>Colin A. Praeger</i>		OTHER (Specify)			
(DATE)					
4/6/72					
SIGNATURE OF OWNER (IF OWNER BUILDER)					

PLAN CHECK VALIDATION CK. M.O. CASH WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT PERMIT VALIDATION CK. M.O. CASH

Photon-Neutrino

Geoffrey, Prager
Rt. 1, Box 78-H
Ratidrum, Id. 83853

33-656-25

SE-SW-ST-NE (OM-25) 29 32 4W

Date Checked

Bk-261

Pa. 63

Rev. Stamps.

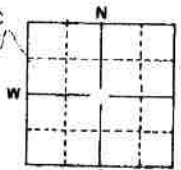
JAN 3 1972	
3-09-73 - 200	Mass Movement - (1st in 1st final condition)
9-17-73 44	Move from to Long - "Rebuck" for "9 5"
8-26-74 41	Reconstruction of "Mass Movement" near SH station
	1975

Geo. L. Ray, President Rt. 1, Box 78-H Rapidan, Id. 83859										38-56-25	
S2-SW-S5-NE (20N-25) 39 52 4W											
DISTRICTS: Water Sch. 272 Hwy. City Fire										Date Checked JAN 5 1972	
BUILDING & OR TYPE 1968 ASSESS'D INDEX (X) FULL CASH VALUE										REMARKS	
71-4 (for 1973 map) 6570 1973 1974 16180										3-29-73 - 30 New House - (Adm. & 1 full bldg. for 1975) 9-17-73 Adm. New bus to Long - (Rebuilt for 75) 8-26-74 Adm. Warehouse & 1 minor on New St. section 1975	
1-3-32 I.A.											
3-4-33 S.I.A.											
4-5-34 I.G.											
5-6-35 NIA(DA)											
6-7-36 D.G.											
7-8-37 S.I.G.											
8-9-38 T.Ld											
10-10-39 Min L.											
11-11-40 Sub. Tr.											
11-12-41 Sub Lots											
13-18-42 S. Trimb.											
14-14-43 Res. & Eas.											
Waste											
TOTAL											
URBAN LAND											
NUMBER & CLASS NO. FULL CASH VALUE ASSESSED VALUES, RATIO & YEAR											
15-15-44 Bus. Lot											
15-16-45 Acreage											
16-17-46 Res. Lot											
16-18-47 Acreage											
16-19-48 Rec. Lands											
TOTAL											
TOTAL FULL CASH VALUE 6570 1973 1974 16180											
RATIO 16 15% 15% 15.25%											
ASSESSED VALUE 1042 375 958											

WELL DRILLER'S REPORT

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

FEB 27 1974

1. WELL OWNER Name <u>Geoffery or Pamela Preager</u> Address <u>Rt. 1 Box 784 Rathdrum, Ida. 83858</u> Owner's Permit No. <u>98-7273</u>		7. WATER LEVEL Static water level <u>230</u> feet below land surface Flowing? ☒ Yes ☐ No G.P.M. flow <u>15</u> Temperature _____ ° F. Quality <u>good</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																									
2. NATURE OF WORK <u>95-74-N-102</u> ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☒ Pump ☐ Bailer ☐ Other Discharge G.P.M. <u>15</u> Draw Down <u>total</u> Hours Pumped <u>2</u>																																									
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG																																									
4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other		<table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>1</td><td>2</td><td>top soil</td><td></td><td></td></tr><tr><td></td><td>2</td><td>85</td><td>gravel boulders</td><td></td><td></td></tr><tr><td></td><td>85</td><td>200</td><td>coarse gravel boulders</td><td></td><td></td></tr><tr><td>6</td><td>200</td><td>230</td><td>gravel</td><td></td><td></td></tr><tr><td></td><td>230</td><td>275</td><td>gravel</td><td></td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	1	2	top soil				2	85	gravel boulders				85	200	coarse gravel boulders			6	200	230	gravel				230	275	gravel		X
Hole Diam.	Depth		Material		Water																																						
	From	To		Yes	No																																						
8	1	2	top soil																																								
	2	85	gravel boulders																																								
	85	200	coarse gravel boulders																																								
6	200	230	gravel																																								
	230	275	gravel		X																																						
5. WELL CONSTRUCTION Diameter of hole <u>8 1/2</u> inches Total depth <u>275</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness Diameter From To <u>250</u> inches <u>8</u> inches <u>1</u> feet <u>200</u> feet <u>250</u> inches <u>6</u> inches <u>200</u> feet <u>200</u> feet ____ inches _____ inches _____ feet _____ feet ____ inches _____ inches _____ feet _____ feet ____ inches _____ inches _____ feet _____ feet Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number From To ____ perforations _____ feet _____ feet ____ perforations _____ feet _____ feet ____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal ☒ Cement grout ☒ Puddling clay ☐ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☒ Overbore to seal depth		10. Work started <u>Nov 21 73</u> finished <u>Feb 22 74</u>																																									
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>Kootenai</u> Subdivision Name _____ Lot No. _____ Block No. _____ SE 1/4 NE 1/4 Sec. 29 T. 52 N. R. 14 E/W		11. DRILLERS CERTIFICATION Firm Name <u>Siler Equipment Sales, Inc.</u> Firm No. <u>244</u> Address <u>Box 565 Kellogg</u> Date <u>2-22-74</u> Signed by (Firm Official) <u>Paul T. Siler</u> and (Operator) <u>Richard W. Siler</u>																																									

95-17475

WELL AGREEMENT

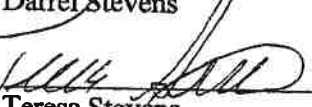
CLIFFORD T. HAYES 1P 2340416000
KOOTENAI COUNTY RECORDER Page 1 of 1
TAR Date 12/29/2011 Time 11:26:12
REQ OF TERESA STEVENS
RECORDING FEE: \$10.00

2340416000 XX

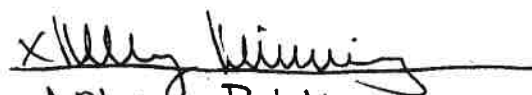
Date: December 29, 2011
Subject: Shared Well

The Well located at 16839 N. Fowler Rd.; Legal: S2-SW-SE-NE, [OM-25] 29 52N 04W Parcel Number: 52N04W292200 is a shared Well with the property next door at 16781 N. Fowler Rd.; Legal: N2-NW-NE-SE,(OM-24) S29 T52N R04W Parcel Number: 52N04W-29-7400 Current owners are Walt and Connie Glass. They have agreed to pay \$10.00 a month for 6 months during the winter, and \$15.00 a month for 6 months during the summer to help with electricity cost of running the Well. These amounts total \$150.00 per year which is paid annually during the month of September. Any repairs to the Well are to be shared 50/50 between both properties. This agreement dates back to August 2001.

Signatures:

	12/29/11
Walt Glass	Date
	12-29-11
Connie Glass	Date
	12-29-11
Darrel Stevens	Date
	12/29/11
Teresa Stevens	Date

December 29, 2011
State of Idaho
County of Kootenai


Notary Public
July 22, 2016

