

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

Claim ID: 95-16067

Date Received: 8/27/2018

Receipt No: NO24535

Claim Fee: \$25.00 By: _____

RECEIVED

AUG 27 2018

IDWR/NORTHERN

AMENDED

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

Please type or print clearly

1. Name of claimant(s) HONEY POT TRUST Phone (208) 661-5677

Mailing address PO BOX 3762 COEUR D'ALENE ID Zip 83816
Street or Box City State

Email address (optional) dborjessan@gmail.com

2. Date of priority: (Only one per claim) 12/31/1905 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) COEUR D'ALENE LAKE
which is tributary to (b) SPOKANE RIVER

4. Location of point of diversion is: Township 50N, Range 04W, Section 15,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;

Parcel no. 50N04W157675

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.

PUMP IN LAKE WITH PIPELINE TO HOME

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 to 12/31 amount 0.04 cfs (✓) or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

SCANNED

SEP 24 2018

9. Location of place of use is: Township 50N, Range 04W, Section 15,
NE 1/4 of SE 1/4, Govt. Lot BM, Parcel no. SAME

for (check one) **Domestic** (☒) **Stock** (☐) **Domestic and Stock** (☐) If different than shown in Item 4

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.
DOMESTIC WATER FROM SPRING _____ or None ()

13. Remarks (include an explanation of the priority date selected):
YEAR HOME WAS COMPLETED AND WATER PUT TO USE

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 95-16067

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: 1

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, and that I have signed the foregoing document in the space below as the

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 Wianne R Borjesson Date 8/27/18

Printed Name of Authorized Agent DIANNE R. BORJESSAN

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) HONEY POT TRUST Claim ID

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SEP 24 2018

Parcel No. 50N04W-15-7675 Code Area _____

130748 GEA 5100

Name/Address _____

Legal Description _____

Property Address _____

Inspected By _____ Date _____ Rev Yr _____
 Computed By OTK Date 10/04/96 Rev Yr 96
 Certified Appraiser _____ Date _____ Rev Yr _____
 Assessor _____ Date _____ Rev Yr _____
 Reinspection _____ Date _____ Rev Yr _____

IDAHO RESIDENTIAL PROPERTY RECORD

Sheet No. ____ of ____

MISCELLANEOUS DATA

Class 3
 Use Code 3411
 Units 1
 Market Grade 3
 Year Built 1905
 Year Remodeled 1959
 Effective Age _____
 Effective Year 1996
 Shape Code A
 Date Occupied _____

Prebuilt ☐
 Building Permit ☐
 Under Construct. ☐

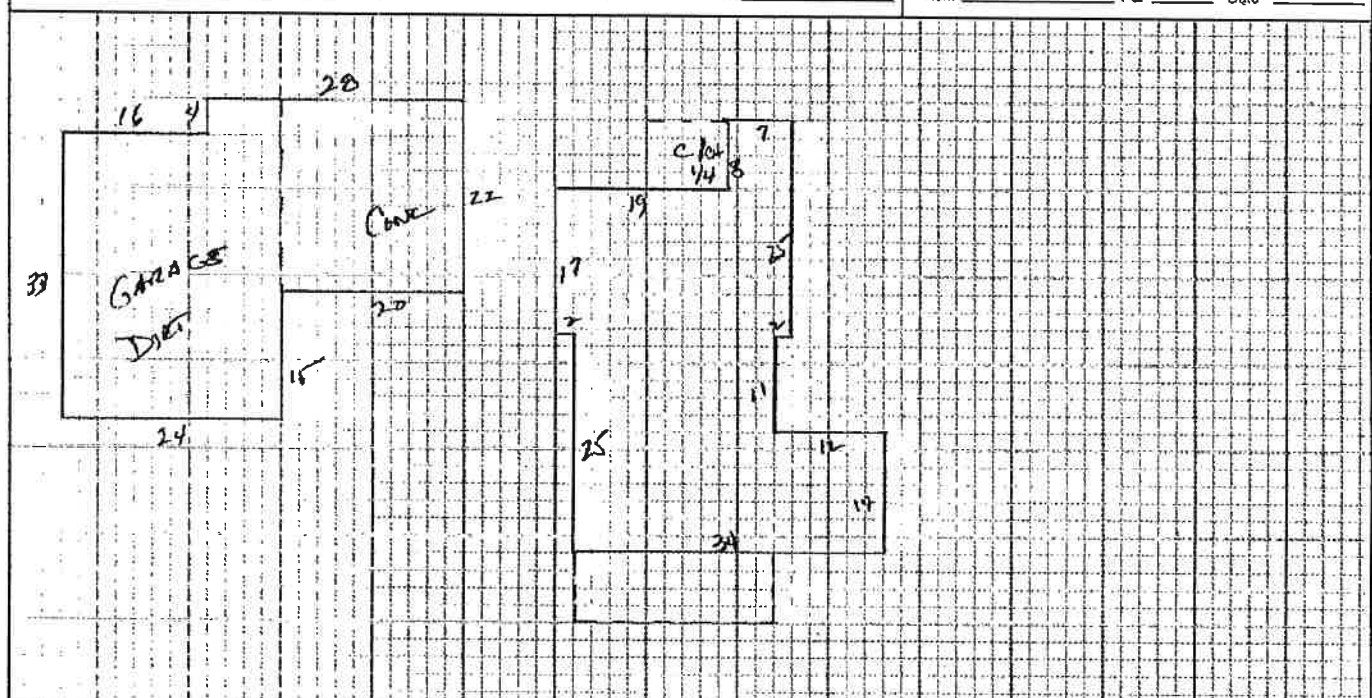
Photo No. _____

VALUES SUMMARY

	YEAR <u>1997</u>	YEAR
Residence	\$ <u>35553</u>	\$ _____
Garage	\$ <u>5318</u>	\$ _____
Carport	\$ <u>5892</u>	\$ _____
Other	\$ _____	\$ _____
Total Improve.	\$ <u>46763</u>	\$ _____
Land	\$ <u>303722</u>	\$ _____
MARKET VALUE	\$ <u>350485</u>	\$ _____

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	01 Street	04 Asphalt/Conc.	01 Low	01 Lake	6 Beach:	01 Electricity	05 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 Elect/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 Fow 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 FACTOR	EXT. VALUE
								50 Depth	50 Plottage	70 Beach	80 Corner	90		
APPRaiser: _____ APPRAISAL DATE: _____ REVIEW YR _____														
REINSPECTED APPR. _____ DATE _____ REVIEW YR _____														
								LAND VALUE \$ _____						

SCANNED
 SEP 24 2018