

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: 95-12213

Date Received:

Receipt No: T090339

Claim Fee: By:

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

- Name of claimant(s) CAPTAINS ROAD CD'A LLC Phone (303) 478-8497
Mailing address 820 N POST SPOKANE WA Zip 99201
Street or Box City State
Email address (optional) TADAVEY2015@GMAIL.COM
- Date of priority: (Only one per claim) 12/31/1957 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) COEUR D ALENE LAKE
which is tributary to (b) SPOKANE RIVER
- Location of point of diversion is: Township 49N, Range 04W, Section 26
NE 1/4 of SW 1/4, or Govt. Lot 3 BM, County of KOOTENAI
Parcel no. 016200000050
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.
PUMP PIPED TO HOME
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs (✓) or AFY ()
For purposes from to amount
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR ONE HOME

9. Location of place of use is: Township 49N, Range 04W, Section 26,
NE 1/4 of SW 1/4, Govt. Lot 3 BM, Parcel no. SAME
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):
TAX PARCEL YEAR BUILT

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: 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

Tom Davey mgr. Director CAPTAINS Road CD'A, LLC
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 Tom Davey Date 1-29-19

Printed Name of Authorized Agent Tom Davey

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) CAPTAINS ROAD CD'A LLC Claim ID _____

HSE #1

IDAHO RESIDENTIAL PROPERTY RECORD

Sheet No. ____ of ____

Property Address

MISCELLANEOUS DATA

Class	3
Use Code	3711
Units	1
Market Grade	3
Year Built	1957
Year Remodeled	1963
Effective Age	
Effective Year	1996
Shape Code	A
Date Occupied	

YES	NO

VALUES SUMMARY

	YEAR 1997	YEAR
Residence	\$ 26,148	\$
Garage	\$	\$
Carport	\$	\$
Other	\$ 4480	\$
Total Improve.	\$ 30628	\$
	2455	
Land	\$ 33083	\$
MARKET VALUE	\$ 181938	\$

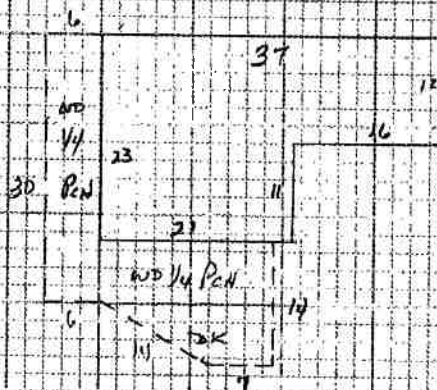
PURCHASE INFORMATION

Price	178,000	Date	June 96
Price		Date	
Asking		Date	
Rent		Per	Date

Inspected By _____ Date _____ Rev Yr _____
 Computed By CM Date 14 Aug Rev Yr 96
 Certified Appraiser _____ Date _____ Rev Yr _____
 Assessor _____ Date _____ Rev Yr _____
 Reinspection _____ Date _____ Rev Yr _____

Prebuilt
Building Permit
Under Construct.

Photo No.



LAND INFORMATION

01 NEIGHBORHOOD				02 OFF-SITE IMPROVEMENTS				03 TOPOGRAPHY				04 WATER FRONT PROPERTY				05 ON-SITE UTILITIES			
01	Urban	06	Stable	Street:	01	None	05	Asphalt/Conc.	01	Low	01	Lake	6	Beach:	01	Electricity	05	Public Water	
02	Suburban	07	Improving		02	Public Access	06	Gravel/Dirt	02	Level	02	River/Creek	None	P F A G E	02	Gas	06	Private Well	
03	Rural	08	Declining		03	Private Access	07	Sidewalks	03	Moderate Slope	03	Accretion	7	Grade	03	Underground Elect/telephone	07	Public Sewer	
04	Recreational				04		07	Curbs/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 50	Location Depth	10 60	Access Plottage	20 70	View Beach	30 80	Topography Corner	40 90	Width	TOTAL FACTOR	EXT. VALUE
									%		%		%		%		%	%	
									%		%		%		%		%	%	
									%		%		%		%		%	%	
									%		%		%		%		%	%	
APPRaiser: _____ APPRAISAL DATE: _____ REVIEW YR _____																			
REINSPECTED APPR. _____ DATE _____ REVIEW YR _____																			
								LAND VALUE \$ _____											