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Form No. 42-140932 (Interim 5/17/17)
AUG 01 2019

IDWR / NORTH

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 PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-11438

Date Received: 8-1-2019

Receipt No: N035289

Claim Fee: 25.00 By: JL

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IDWR / NORTH

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) NICK & JOHN WITTMAN Phone (509) 597-7623

Mailing address 1201 HOVE RD GENESEE ID Zip 83832
Street or Box City State

Email address (optional)

2. Date of priority: (Only one per claim) 5/01/2014 (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 38N, Range 05W, Section 22,
SE 1/4 of SW 1/4, or Govt. Lot BM, County of LATAH

Parcel no. RP38N05W224961

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.

RESERVOIR, WELL PUMP

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For DOMESTIC purposes from 1/01 to 12/31 amount .02 cfs (✓) or AFY ()

For purposes from to amount

7. Total quantity claimed .02 cfs (✓) or AFY ()

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

ONE HOME

9. Location of place of use is: Township 38N, Range 05W, Section 22,
SE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. RP38N05W224961

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? LATAH

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):

BENEFICIAL 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 _____

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 Palouse 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: _____

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)

Nick & John Wittman WITTMAN BROS
John Wittman

Date: 8/6/19

Date: 8/6/19

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) NICK & JOHN WITTMAN

Claim ID _____

APPLICATION-Subsurface Sewage Disposal, Page 1



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts



Public Health
Idaho North Central District

Fee Paid: _____ Check #: _____

Receipt #: _____ Computer #: _____

Date: 05/01/2014 (Official Use Only)

Nez Perce County
215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

Latah County
333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

Clearwater County
105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

Idaho County
903 West Main
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County
132 N Hill Street
PO Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

Property Address (if available): 1201 HOVE RD City: GENESEE

Legal Description: Section: _____ Township: _____ Range: _____ County: Latah Parcel #: RP38N05W224961A

Subdivision: _____ Lot: _____ Block: _____ Acres: _____

Directions (nearest crossroad): Go 4 miles north of Genesee on highway 95, turn east on Hove Rd.

Applicants Name: JOHN WITTMAN Email: BUILDWITTMAN@CABLEONE.NET

Mailing Address: 1201 HOVE RD ROUTE 1 Phone: (509) 229-3407

City: GENESEE State: ID Zip Code: 83832

Applicant is: ☐ Landowner ☒ Contractor ☐ Installer ☐ Other

Owners Name: JOHN WITTMAN

Mailing Address: 1201 HOVE RD ROUTE 1 Phone: (509) 229-3407

City: GENESEE State: ID Zip Code: 83832

Type of Septic Installation: ☒ New ☐ Expansion ☐ Repair ☐ Tank Only ☐ Speculative Site Evaluation

Proposed Usage: ☒ Residential ☐ Non-Residential ☐ Other (i.e. barn, shop, etc)

☐ Central (more than two dwellings) ☐ Large Soil Absorption (2,500 gal/day or ten or more dwellings) # of Units: 1

Is there an existing structure on this parcel? ☐ Yes ☒ No Year Built: _____

Number of Bedrooms: (residential only) 3 Number of Bathrooms: 2

Number of People: 1 Square Footage: 2221 Garbage Disposal? ☒ Yes ☐ No

Non-Residential Flow Design: _____ Average: (residential only) 250 Peak: (gpd) 250

Foundation Type: ☒ Basement ☐ Crawl Space ☐ Split Level ☐ Slab

Property is located: ☐ Inside City ☒ Inside County

Zoning certificate or other country documentation submitted: ☐ Yes ☐ No ☒ N/A

City sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☒ No

Water Supply: ☒ Private Well ☐ Shared Well ☐ Public Water System, Number: _____

(Non-Public)

SIGNATURE: _____ DATE: 05/01/2014

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed if the renewal is applied for on or before the expiration date.

APPLICATION-Subsurface Sewage Disposal, Page 2

(Page 2 for Official Use)

Parcel#: RP38N05W224961A
Document#: _____

<u>Test Hole # 1 Data</u> 0-24" - B-2 24"-36" - C-1 36"-96" 5% GRVL - B-2	<u>Test Hole # 2 Data</u> 	<u>Test Hole # 3 Data</u> 	<u>Test Hole Illustration/Location</u>
<u>Test Hole # 4 Data</u> 	<u>Test Hole # 5 Data</u> 	<u>Test Hole # 6 Data</u> 	

Application Contents:

Application Complete (Page 1)	☒ Yes	☐ N/A
Plot Plan Submitted	☒ Yes	☐ N/A
Zoning Document Submitted	☐ Yes	☒ N/A
Legal Documents, Easements	☐ Yes	☒ N/A
O&M Documents Submitted	☐ Yes	☒ N/A
Building Application Submitted	☒ Yes	☐ N/A
Plot Plan Approved	☒ Yes	05/01/2014

Features of Concern/Observations

Soil Type	C-1 Silty Clay Loam
Perm Surface Water	N/A
Temp Surface Water	50
Normal Ground Water	N/A
Seasonal Ground Water	N/A
Rock Outcrops	N/A
Limiting Layers	N/A
Nearest Well(s)	150
Slopes	N/A
Scarps	N/A

Non-Residential Properties

Letter of Intended Use Submitted	☐ Yes	☒ N/A
Waste Water Nature Established	☐ Yes	☒ N/A
Waste Water Flow Calculations	☐ Yes	☒ N/A

Installation by: ☐ Basic Homeowner ☒ Basic Installer ☐ Complex installer ☐ Public Works/P.E.
 Installer Name: Patrick Shell of United Contraction and Towing Installer Number: _____
 Field Notes: _____

DATE						 Emily Wilson EHS Code	EHS Signature
TRAVEL							
INSPECT							
EHS							
							05/01/2014
							Date