



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 Mineral Drive, Suite 100, Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800

Fax: (208) 762-2819

Web Site: www.idwr.idaho.gov

JAMES E. RISCH
Governor

KARL J. DREHER
Director

October 17, 2006

Federal National Mortgage
135 N Las Robles
Pasadena, CA 91101

RE: 75-14333

On July 10, 1990, Robert Kaminski submitted a Notice of Claim in the Snake River Adjudication. We searched the Lemhi County tax lot information and it appears that you may now own the property. If you do own the property, and the water is still being used, and you want your name in the final recommendation, then you need to file a change in water right ownership form and mail it to this office. Be sure to include a copy of the warranty deed or other document as described in item 2. B.

Sincerely,

A handwritten signature in black ink, appearing to read 'Knoblock', is written over a horizontal line.

Kenneth Knoblock
Water Resources Agent



3980

39787

⊕ 138

39867

39977

1455'

4000

277.4'

922.0'

375.5'

544.5'

68.9'

808.1'

51

40097



State of Idaho

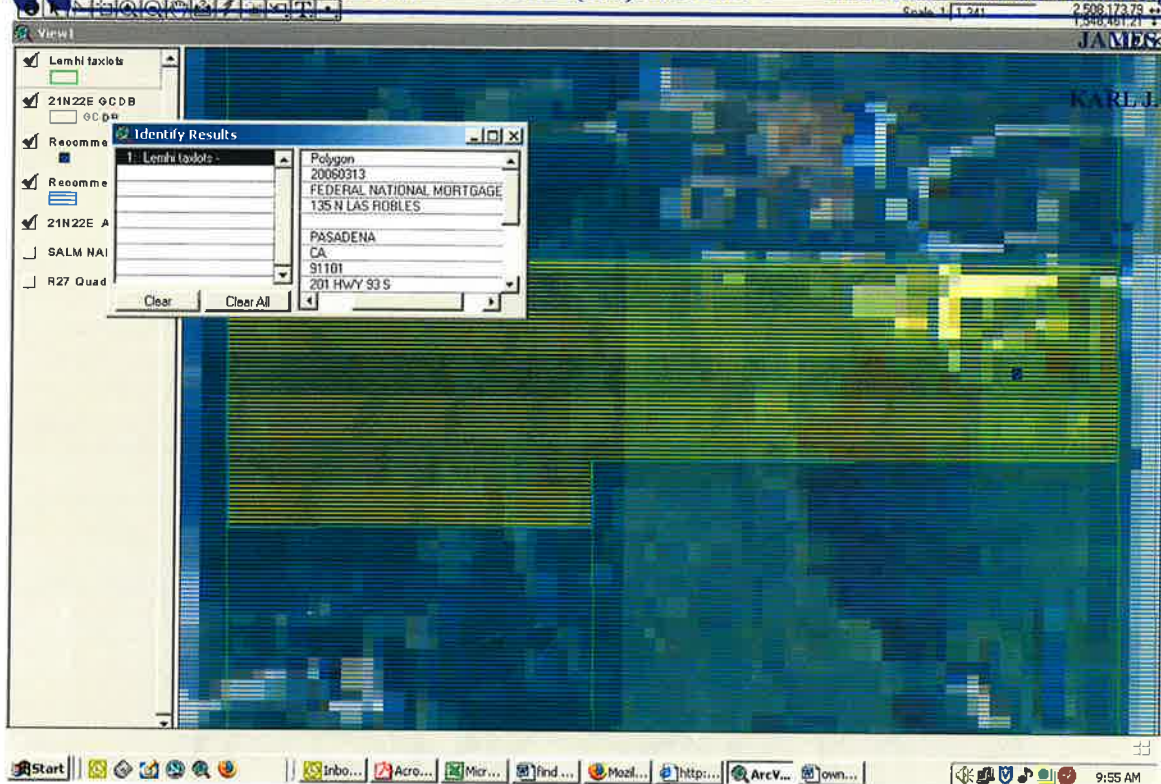
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SEP 26 2001

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. 475-10998

Date Received 7-10-90 / 90

Receipt Number E014971-E015311

15-14333

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED
JUL 10 1990

Late fees Pd. (LOST)
Replaces old check
Receipt # E014971

ACQUIRED UNDER STATE LAW

Department of Water Resources
Eastern District Office

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Robert T. Kaminski Phone (208) 894-2217

Mailing Address Rt 1 - Box 182 Salmon, Id Zip 83467

2. Date of Priority (Only one per claim) 6-28-90 Month/Day/Year

3. Source of water supply (Check one) (X) Groundwater or Other () (a) Well
which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 21 N Range 22 E
Section 19 S/E 1/4 of NE 1/4 of _____ 1/4, Govt. Lot _____, Bl
County of Lemhi

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc.), including the dates changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the of each well. Well - 6" casing - 30' deep - pipe to house - pump sets at surface.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from 1-1 to 12-31 amount 0.04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) ONE household.

A7510998



10. Place of use is: Township: 21N Range 22E

Section 19 SE 1/4 of N/E 1/4, Govt. Lot _____, B.M.,

County of Lemhi for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

11. In which county (ies) are lands listed above as place of use located? Lemhi

12. 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.

13. Describe any other water rights used at the same place and for the same purposes as described above. None ()

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

Number of Attachments _____

By signing I/We acknowledge reading the notice on the back of this claim form.
I/We wish to receive for a small annual fee monthly copies of the docket sheet.
YES _____ NO ☒

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) X Robert J. Kaminski Date 6-28-90

X Sabella M. Kaminski Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____, that I have signed the foregoing

document in the space below as _____ of _____

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of Lemhi) SS.

Subscribed and sworn (or affirmed) before me this 28th day of JUNE 19 90

SEAL

Notary Public [Signature]

Residing at Salmon, Idaho

My Commission Expires 10/93

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

MORTGAGE SURVEY REPORT FOR SEWAGE AND / OR WATER SYSTEMS

This Survey In No Way Guarantees Trouble-Free Operation Of The Water Or Sewage Disposal System

Please Print & Fill In All Shaded Areas

APPLICATION

Buyer: <u>Robert Kaminski</u>		Phone: _____		For Office Use Only	
Address: <u>Rt 1 Box 182</u>				Fee: <u>N/A</u>	Receipt No. _____
Seller: <u>Associates Relocation</u>		Phone: _____		Given To: (EHS) <u>SA</u>	
Address of Property to be Surveyed: (Street Number)				☐ Call ☐ Mail Out ☐ Hold Resample	
Subdivision Name: _____		Lot: _____ Block: _____		☐ Well Only ☒ Well/Septic ☐ Septic Only	
Legal Description: Township: _____ Range: _____ Section: _____				*NOTE: The septic will be inspected in relation to the well	
Directions to Property: <u>93 S 2 miles on west</u>		Mortgage Co. or Financed by: _____			
		Address: <u>First Sea.</u>			
		Requested by: <u>PAT Foster</u> Phone: <u>522-7100</u>			

	Yes	No	PLOT PLAN OF PROPERTY Please show house, well, septic location and lot lines where applicable. (Also include possible sources of contamination to well - such as sewerlines, buried oil tanks)
Does the well casing terminate above ground level?	☒	☐	
Is the well a private system?	☒	☐	
Is the well a shared or community system?	☐	☒	
What year was the sewer installed?	<u>unknown</u>		
Has the system been replaced or repaired?	☐	☒	
Has the system ever backed up?	☐	☒	
Has the septic tank been pumped within the last 3 years	☒	☐	

I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.

Applicant / Agents Signature <u>X</u> <u>[Signature]</u>	Date <u>6-11-90</u>
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SURVEY RESULTS

1. OUR SURVEY INDICATES The Sewage System Is:
 - ☐ Public ☒ Private
 - ☐ Central ☐ Other

a. Sewage disposal system permit issued by Health Authority on See comments and inspected / accepted on _____

b. Sewage disposal system appears to be located to the north of the house and 100 feet from the well.

c. Visual evidence of malfunction (was was not) present when surveyed on 6/11/90
2. OUR SURVEY INDICATES The Water Supply Is:
 - ☐ Public ☒ Individual Well

a. Well is located 70 feet from the east of the house foundation.

b. The well casing extends 18 inches above the ☒ Grade ☐ Floor

c. Water sample collected on 6/5/90 and tested for Intestinal bacteria.

d. Intestinal bacteria (were / were not) found in the water sample.

☒ Well head appears to be constructed to "Idaho Guidelines for Non-Public Water Systems."

☐ Well head does not appear to be constructed to "Idaho's Guidelines for Non-Public Water Systems."

Comments or Special Instructions

Sewage system located, but size of tank & drain field unknown, no signs of malfunction.

EHS Signature

[Signature: Steve Adams]

Date

6/11/90

SCHEDULE "A"

A FRACTION OF THE SE1/4NE1/4OF SECTION 19, TOWNSHIP 21 N., RANGE 22 E., BOISE MERIDIAN, LEMHI COUNTY, IDAHO, MORE PARTICULARY DESCRIBED AS FOLLOWS, TO-WIT:

COMMENCING AT THE INTERSECTION OF THE NORTHERLY BOUNDARY OF SAID SECTION 19, AND THE WESTERLY RIGHT-OF-WAY LINE OF U.S. HIGHWAY NO. 93, RUN THENCE SOUTHERLY ALONG THE WESTERLY RIGHT-OF-WAY LINE OF U.S. HIGHWAY NO. 93, A DISTANCE OF 1455.0 FEET TO THE POINT OF BEGINNING, AND THE NORTHEASTERLY CORNER OF THE TRACT OF LAND HEREIN DESCRIBED; CONTINUING THENCE SOUTHERLY ALONG SAID RIGHT-OF-WAY LINE, 208.7 FEET; THENCE WEST, 544.5 FEET; THENCE SOUTHERLY AND PARALLEL TO THE WESTERLY RIGHT-OF-WAY LINE OF U.S. HIGHWAY NO. 93, A DISTANCE OF 68.7 FEET; THENCE WEST 375.5 FEET; THENCE NORTHERLY AND PARALLEL TO THE WESTERLY RIGHT-OF-WAY LINE OF U.S. HIGHWAY NO. 93, A DISTANCE OF 277.4 FEET; THENCE EAST, 920.0 FEET TO THE POINT OF BEGINNING...

4/5/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME KAMINSKI

CLAIM IDENT. NO. A75-10998

DATE RECEIVED _____ CK # _____ AMOUNT \$ _____ YES _____ NO _____ Required Info? *

- 1. Is the name and address complete with zip code? _____ YES _____ NO _____ *
- 2. Is a priority date entered? _____ YES _____ NO _____ *
- Is the priority date acceptable in view of mandatory filing dates? _____ YES _____ NO _____ *
- See Adjudication Memos #1 and #4 to determine if a Permit is required. _____ YES _____ NO _____ *
- 3. (a) Is a source entered? _____ YES _____ NO _____ *
- (b) Is a tributary to entered? (if required) _____ YES _____ NO _____ *
- 4. Is the legal description of the p.d. sufficient? _____ YES _____ NO _____ *
- 5. Is there a description of the diverting works? _____ YES _____ NO _____ *
- 6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. _____ YES _____ NO _____ *
- Is the period of use included? _____ YES _____ NO _____ *
- Is a quantity claimed for each use? _____ YES _____ NO _____ *
- 7. Is a total quantity claimed entered? _____ YES _____ NO _____ *
- 8. If required is a consumptive use entered? _____ YES _____ NO _____ *
- Is the consumptive use correct? _____ YES _____ NO _____ *
- 9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. _____ YES _____ NO _____ *
- 10. Is (are) the place(s) of use and purpose(s) indicated? _____ YES _____ NO _____ *
- 11. Is (are) the county(ies) entered? _____ YES _____ NO _____ *
- 12. Is the ownership of p.u. checked? _____ YES _____ NO _____ *
- 13. Are other water rights listed or "none" indicated? _____ YES _____ NO _____ *
- 14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) _____ YES _____ NO _____ *
- 15. Is the basis of the claim indicated? _____ YES _____ NO _____ *
- 16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) _____ YES _____ NO _____ *
- 17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. _____ YES _____ NO _____ *
- 18. Has the claim been signed, sealed, and dated by a notary? _____ YES _____ NO _____ *
- 19. Was this claim filed on time, or was an extension granted? _____ YES _____ NO _____ *
- 20. Is the fee enclosed correct? _____ YES _____ NO _____ *
- 21. If this claim is based on an existing water right, has the identification number been entered? _____ YES _____ NO _____ *
- 22. Should this claim be data entered? _____ YES _____ NO _____ *

Claim checked by: [Signature] Date: 1-31-91
Claim must be returned to claimant: _____ (Yes) _____ (No)
Claimant must be notified of modifications: _____ (Yes) _____ (No)

Receipt Prepared by: _____ Date: _____
Claim data entered by: _____ Date: _____
Sent to claimant by: _____ Date: _____

Comments: P.D. & date Notice was notarized is the same
Can Call ! NO Ans. 1-31-91