

Werner, Linda

From: Michele Andersen <manderson@idl.idaho.gov>
Sent: Friday, January 31, 2020 12:03 PM
To: Werner, Linda
Cc: Chapple Knowlton, Shantel
Subject: IDL basin 95 claim evidence and POU's
Attachments: TS00000336.pdf; TS00000337.pdf; TS00000643.pdf; TS00000835.pdf; TS00000282.pdf; CSRBA-Claim-Form 95-17028 amended.pdf; CSRBA-Claim-Form 95-17035 amended.pdf; CSRBA-claim-form 95-17033 amended.pdf; CSRBA-Claim-Form 95-17032 amended.pdf; CSRBA-Claim-Form 95-17022 amended.pdf; CSRBA-Claim-Form 95-17021 amended.pdf; CSRBA-Claim-Form 95-17020 amended.pdf

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Linda-

I have attached the additional evidence necessary for IDL's basin 95 claims. The table below indicates the attached evidence files that support the corresponding claims. I have also attached claim forms which represent our final POU's based on the conversation you and I had at our last meeting. Please let me know if you have any questions or would like to discuss further.

Thank you

claim #	DLR Activity Report	.pdf file name
95-17035	TIMBER SALE. Instrument No: 282. Remarks: Bert R. West, Lumber Co. - Expired 7-21-1926	TS00000282
95-17032	Post Falls Lumber Co. - Cancelled 11-15-1948 . Instrument No: 643	TS00000643
95-17032	E. C. Wert - Cancelled 5-11-1953 . Instrument Number : 336	TS00000336
95-17032	E. C. Wert - Cancelled 5-11-1953 . Instrument Number : 337	TS00000337
95-17020	Post Falls Lumber Co. - Cancelled 11-21-1949 . Instrument Number: 835	TS00000835

Michele Andersen

Technical Services Bureau Chief

Idaho Department of Lands

CDA-Staff Office

208.666.8662

mandersen@idl.idaho.gov

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Duration - 7-21-23 to 7-21-26

Descriptions -

Timber - All timber except White Pine
timber under 14" in diameter and
Cedar Poles under 10" in diameter,
measured outside the bark 18" above
the ground.

N $\frac{1}{2}$	-	36	-	54	N	-	3	W
SW $\frac{1}{4}$	-	36	-	54	N	-	3	W

Amount of Sale - \$2,920.00

Bond - Not stated.

Extensions -

Notes - Clearance #767 - O.V.'ed by P.E.D.

WEST, BERT R., LUMBER COMPANY

Contract # 292

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Form No.42-1409-1 (Internet 5/17)

**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: 95-17035

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) State of Idaho Department of Lands Phone (208) 769-1525
Mailing address Statehouse Boise ID Zip 83720
Street or Box City State
Email address (optional) mandersen@idl.idaho.gov
2. Date of priority: (Only one per claim) 07/21/1926 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (☒) (a) Rock Springs
which is tributary to (b) Sinks
4. a. Location of point of diversion is: Township 54N, Range 03W, Section 36,
SW 1/4 of SW 1/4, Govt. Lot _____, BM, County of Kootenai
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Fire Protection purposes from 1/1 to 12/31 amount 0.2 or _____

For Industrial purposes from 1/1 to 12/31 amount 0.2 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.2 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) _____

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
54N	03W	36	IF	IF	IF	IF	IF	IF	IF	IF	IF	IF	IF	IF	IF	IF	IF	IF	

Parcel no(s): _____ Total number of acres irrigated _____

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 your 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):
IDL digital land records report that the first timber sales in this area date back to 1926. This is when the first industrial and fire protection use occurred.

Name of claimant(s) State of Idaho Department of Lands Claim ID _____

Scale: 2 inches equals 1 mile

[illegible]

Name of claimant(s) State of Idaho Department of Lands Claim ID

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 95-17035

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: 2

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

_____ 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 Michele Andersen

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on behalf of 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) State of Idaho Department of Lands Claim ID _____