

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: 95-17708

Date Received: 10-24-18

Receipt No: N033850

Claim Fee: 25.00 By: ja

RECEIVED

OCT 24 2018

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) FRED AND/OR DIANE FINNEY Phone (208) 755-5694

Mailing address 7014 E MAPLEWOOD AVE POST FALLS ID Zip 83854
Street or Box City State

Email address (optional)

2. Date of priority: (Only one per claim) 9/15/1986 (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 50N, Range 04W, Section 8
NE 1/4 of NE 1/4, or Govt. Lot 4 BM, County of KOOTNENAI

Parcel no. 50N04W080475

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.

6. 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 0.02 cfs (✓) or AFY ()
Month/Day Month/Day

For purposes from to amount

7. Total quantity claimed 0.02 cfs (✓) or AFY ()

8. 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 50N, Range 04W, Section 8,
NE 1/4 of NE 1/4, Govt. Lot 4 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):
SEWAGE SYSTEM APPLICATION STATING MOBILE HOME PRESENT ON PARCEL

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) *Diane Finney* Date: 10-24-18
_____ 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 _____

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) FRED AND/OR DIANE FINNEY Claim ID _____

30 N 54W-08-0475

PANHANDLE HEALTH DISTRICT I APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION
Paid: Cash _____ Check No Fee _____

Fee: _____
Date: _____
Site Eval. # _____

For (name) Fred Finney
Legal description of property Part of Lot 4 Sec. 8, T 50N, R 4W

Location E. 6886 Ohio Match Rd. (ave.)
SEE ATTACHED FOR COMPLETE LEGAL
next to DAW sawmill site on west side.

Size of lot _____ ft. x _____ ft.

Applicant's signature _____ Applicant is: _____ Owner _____ Other _____
Mailing Address: _____ Phone _____

SITE EVALUATION

Testhole #1 _____ Testhole #2 _____
Testhole #3 _____ Testhole #4 _____

Remarks: _____

Valid for one year from date: _____ By: _____
Environmental Health Specialist

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

REPAIR/REPLACE Fee: \$30.00
Date: Sept. 23, 1986

Permit # 9737
PLOT PLAN ATTACHED (show house, other buildings, etc.)
No. Living Units 1 Bedrooms 3 People served _____ Other MOBILE HOME/CARETAKERS
Septic Tank: 1,000 Gallons, Distance to dwelling foundation: 5 ft. min. EXISTING S. TANK

Well: 50 ft. min. Water Line: 10 ft. min. Surface Water: 50 ft. min.
Type of tank: Cement Other _____
Disposal area: Drainfield Ab. Bed _____ Other _____ Dimensions 10x50 B60 OK 26 Sept 86
100x3 AB Full

Component separations: Property lines 5 ft. min./Dwelling foundation 20 ft. min./Well 100 ft. min./Surface water 300 ft./min./Neighbor's well 100 ft. min./Septic tank 6 ft. min./Water service lines 25 ft. min./Water suction line 100 ft. min.
Remarks and/or conditions: COMMUNITY SERVICES APPROVAL #14370 - 9/22/86
Replacement for Permit # 2047 - August 17, 1977.

I understand that this permit is non-transferable and is valid for 1 year from date of application. Drainfield must not exceed 4 feet in depth.

Applicant's Signature Linda Debo Phone: 664-0409
Mailing address: 2010 Ironwood Parkway CDA

Plot plan submitted _____ Approved 23 Sept 86 Disapproved _____
Permit issued by AB Full, Environmental Health Specialist

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION 24 HOURS BEFORE COVERING SYSTEM

Inspection: System covered _____ Approved _____ Not approved _____
Inspected by _____ Installed by _____
Remarks _____ Date: _____

Reference: Rules & Regulations for Individual and Subsurface Sewage Disposal Systems

COPY

SCANNED

NOV - 1 2010