

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: 95-17730

Date Received: 11-8-18

Receipt No: N033886

Claim Fee: 25.00 By: ja

RECEIVED

NOV 08 2018

EMER/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) TIMOTHY S AND/OR BARB J WARD Phone ( 208 ) 262-4454

Mailing address 524 AMBLE TRAIL POST FALLS ID Zip 83854
Street or Box City State

Email address (optional) ELM@INTEGRITY.COM

2. Date of priority: (Only one per claim) 10/4/2018 (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 05W, Section 10
SW 1/4 of SW 1/4, or Govt. Lot BM, County of KOOTENAI
Parcel no. 0K2210010030

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.
WELL PIPED TO HOME

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 0.03
Month/Day Month/Day cfs (✓) or AFY ( )

For purposes from to amount

7. Total quantity claimed 0.03 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 05W, Section 10,  
SW 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_ 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):  
DATE OF OCCUPANCY  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

**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: 10/8/18  
\_\_\_\_\_  
\_\_\_\_\_ 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 \_\_\_\_\_

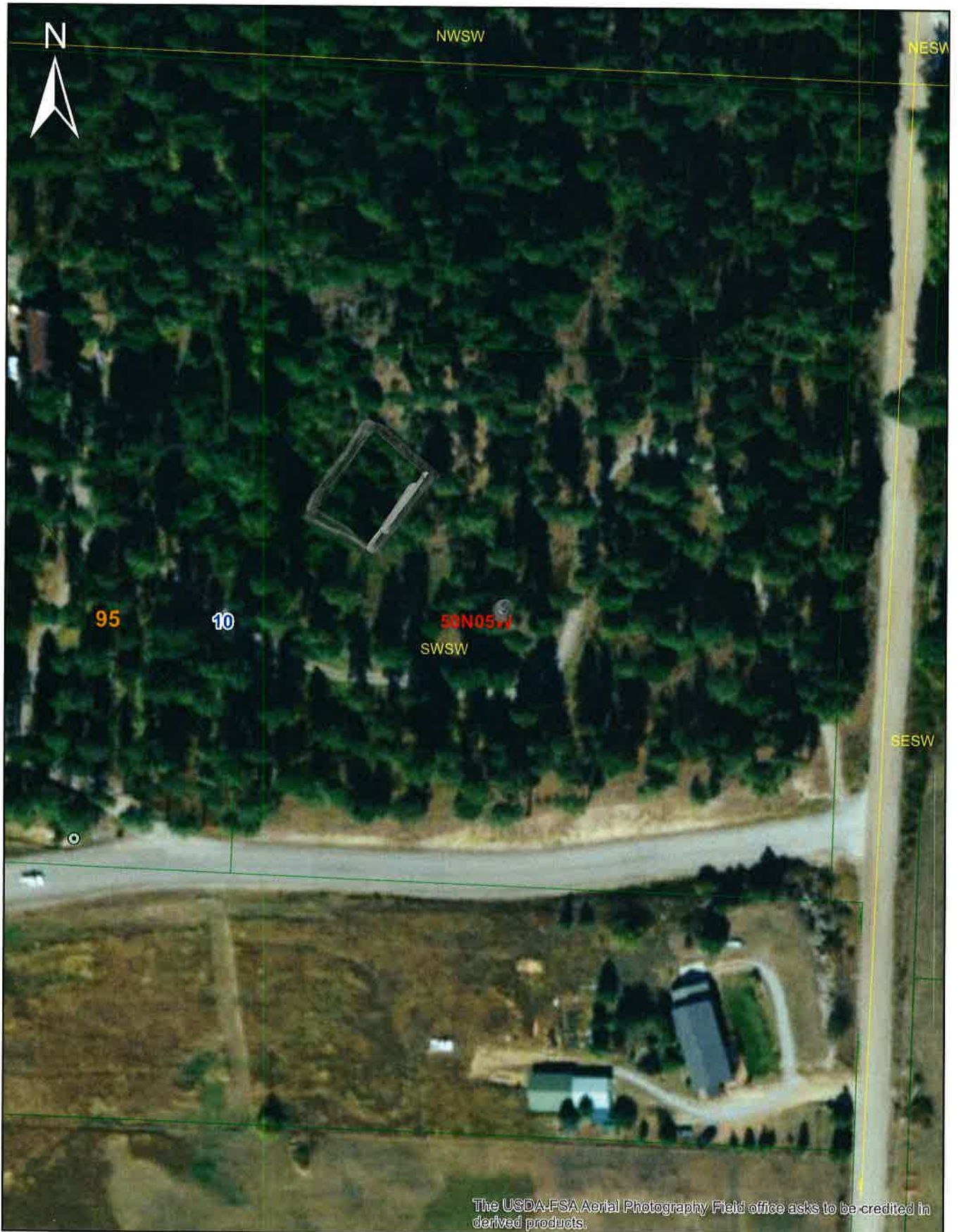
16. **Notice of Appearance:**  
Notice is hereby given that I, (please print) \_\_\_\_\_, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Name of claimant(s) TIMOTHY S AND/OR BARB J WARD Claim ID \_\_\_\_\_

# PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



# Certificate of Occupancy

## KOOTENAI COUNTY COMMUNITY DEVELOPMENT

This Certificate is issued pursuant to the requirements of the Kootenai County Building Ordinance and all relevant Codes adopted at the time of the Building Permit application. At the time of issuance of this Certificate, this structure was in compliance with the ordinances of the Kootenai County Community Development Department which regulate building construction or use, for the following:

|   |   |                           |           |
|---|---|---------------------------|-----------|
| <b>BUILDING PERMIT NO.:</b>             | <b>RES17-0250</b>                               | <b>LOAD:</b>              |           |
| <b>OCCUPANCY GROUP:</b>                 | <b>One Family</b>                               | <b>SPRINKLER SYSTEM:</b>  | <b>No</b> |
| <b>USE CLASSIFICATION:</b>              | <b>SINGLE FAMILY DWELLING</b>                   | <b>CONSTRUCTION TYPE:</b> |           |
| <b>OWNER OF BUILDING:</b>               | <b>TIMOTHY S WARD</b>                           |                           |           |
| <b>BUILDING ADDRESS:</b>                | <b>524 S AMBLE TRAIL, POST FALLS, ID, 83854</b> |                           |           |
| <b>SPECIAL CONDITIONS/STIPULATIONS:</b> |   |                           |           |

  
Authorized Signature

Date: 10/4/2018

By issuing any permit or certificate, or by conducting any compliance inspection, Kootenai County makes no warranty, implied or otherwise, that any inspected building is constructed wholly in compliance with adopted codes or that it is safe or fit for any particular purpose. Kootenai County expressly disclaims any liability for construction defects or workmanship related to the structure it is called upon to inspect in the course of carrying out its government duties.