

RECEIVED

AUG 24 2006

DEPARTMENT OF
WATER RESOURCES

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA

) Subcase 29-13769
) (Insert water right number)
)

Case 39576

) STANDARD FORM 4
)
)

) MOTION TO FILE:
)

) ☒ LATE NOTICE OF CLAIM
)

) ☐ AMENDED NOTICE OF CLAIM
)

INSTRUCTIONS

This form is used to file a late Notice of Claim or an amendment to a Notice of Claim in a reporting area where the Director's Report has been filed. Forms may be obtained from the SRBA Court, the Idaho Department of Water Resources (IDWR), or you may copy or reproduce this blank form. If you copy or reproduce this form, please copy on both sides with the even-number pages upside down.

The water right number for your late or amended claim must be indicated above in the blank space following "Subcase." You must use a **separate form for each** late or amended Notice of Claim.

This form has been adopted by the court in *SRBA Administrative Order 1, Rules of Procedure* (amended Sept. 30, 1996), Section 4, which may be consulted for further information.

By filing a *Motion to File a Late Notice of Claim* or a *Motion to File an Amended Notice of Claim*, you certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

I have attached:

☒ A fully completed Notice of Claim (available from IDWR).

☐ A claim filing fee for a domestic and stock watering use. IDWR may charge this fee pursuant to I.C. § 42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____.

☒ A claim filing fee and a late claim fee for those claims other than a domestic or stock watering use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ 100.00.

Follow these instructions regarding the hearing on this motion.

1. Contact the Clerk of the SRBA Court (208-736-3011) to request a hearing date and time.

2. Fill in the following information:

This motion will be heard on Tuesday 11/21/06 1:30 PM
(Insert Date and Time)

at the SRBA courthouse, 253 Third Avenue North, Twin Falls, Idaho.

MOTION TO FILE AN AMENDED NOTICE OF CLAIM

A Motion to File an Amended Notice of Claim may require a hearing before the Presiding Judge or Special Master or may be granted by leave of the court or by written consent of the parties and the Idaho Department of Water Resources. Leave to amend a claim shall be freely given when justice so requires.

☐ I must amend my Notice of Claim to the use of water in the SRBA because:

- ☐ I am providing legal and factual documentation to support my amended Notice of Claim. You must describe these documents and attach a readable copy.

I have attached:

- ☐ An amended Notice of Claim (available from IDWR).
- ☐ Payment of the following additional fees required by IDWR:

VERIFICATION (Must be completed)

State of IDAHO

County of BANNOCK

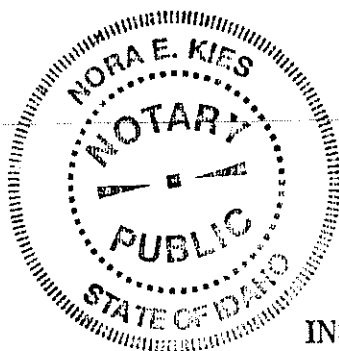
PAUL B. GRAYSON, being first duly sworn, upon oath, deposes and says:
(Insert name of person filing form)

That I am the party/claimant filing this motion for late or amended claim (as listed on Page 2) as defined by I.C. §§ 42-1401A(1) and (7) or that I am the attorney for the party/claimant filing this motion for late or amended claim and that I have read this motion, know its contents, and believe that the statements are true to the best of my knowledge.

Paul B. Grayson
Signature of person filing motion

Attorney signing in representative capacity

Subscribed and sworn to before me on AUGUST 21 - 2006
(Insert Date)



Nora E. Kies
Notary Public for IDAHO
Residing at: BEATELLO, ID
My Commission expires: 9-14-2011

INSTRUCTIONS FOR MAILING

You must mail this form, including all attachments, to the Clerk of the SRBA Court. **FAX filings will not be accepted by the SRBA Clerk of the Court.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

CERTIFICATE OF MAILING

I certify that on August 21, 2006, I mailed the original and copies of this form, including all attachments, to the following persons by mailing the original and/or copies, postage prepaid and addressed as follows:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. Copies to:

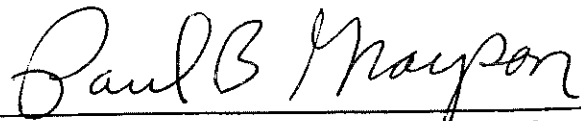
IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

Chief, Natural Resources Division
Office of the Attorney General
State of Idaho
PO Box 44449
Boise, ID 83711-4449

United States Department of Justice
Environment and Natural Resource Division
550 West Fort Street, MSC 033
Boise, ID 83724

3. If you are filing an amended Notice of Claim in a subcase being heard before the Presiding Judge or a Special Master, you must serve a copy on all parties to that subcase.

(Insert Names/address of parties)



Signature of person or attorney mailing the form

RECEIVED

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

JAN 10 2006

Department of Agriculture

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. 29-13769

Date Received _____

Receipt Number _____

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.

Filing Fee ~~\$25~~ \$100 -

Please type or print clearly

1. Name of Claimant (s) PAUL B. GRAYSON OR MARIAN GRAYSON Phone (208) 233-8898 (office)
251-2686 (cell)
232-1623 (H)Mailing Address 144 SPENCE PLACE Pocatello ID Zip 83201

2. Date of Priority (Only one per claim) _____ Month/Day/Year

3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
which is tributary to (b) SNAKE RIVER Name or kind of source4. Location of point of diversion is: Township 7 S Range 37 E
Section 31, S 1/2 of NE 1/4 of SW 1/4, Govt. Lot _____, BM.,
County of BANNOCKAdditional points of diversion if any: NONE5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. 260 FOOT WELL TO HOUSE; TAG NUMBER D0043919

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

For DOMESTIC purposes from JAN 1 to DEC 31 amount .014 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .014 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) ONE Household

10. Place of use is: Township: 7 S Range 37 E
Section 31 S 1/4 of NE 1/4, Govt. Lot SW 1/4 B.M.,
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? BANNOCK

12. Do you own the property listed above as place of use? Yes X 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.
X None or _____

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)
(a.) By signing below, I/We acknowledge that I/We have received, read and understood the form entitled "How you will receive notice in the Snake River Basin Adjudication". (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of Attachments

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

Signature of Claimant (s) Paul B. Mayson Date 7/21/06
Harlan Mayson Date 7/21/06

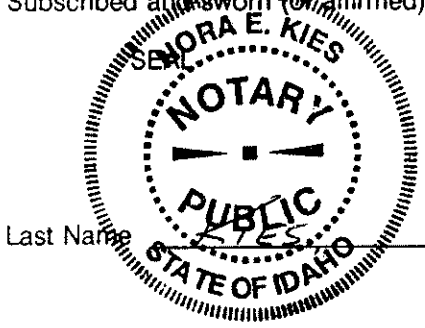
For Organizations: I do solemnly swear or affirm that I am _____ Title _____
of _____, that I have signed the foregoing
document in the space below as _____ of _____
Organization Title Organization
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____
Title and Organization _____

State of Idaho/or IDAHO)
County of BANNOCK) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 21st day of July 2006



Notary Public Senora E. Kies
Residing at Pocatello, ID 83201
My Commission Expires SEPT. 14, 2011

Last Name _____ Ident No. _____
Copies: White-State, Yellow-Claimant

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	:	Long:
:	:	:	:

1. WELL TAG NO. D 00043919
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Paula Graydon
Address 144 Spence
City Pocatello State ID Zip 83201

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 3 North ☐ or South ☐
Rge. 37 East ☒ or West ☐
Sec. 31 SW 1/4 NE 1/4 1/4
Gov't Lot _____ County Bonneville 160 acres
Lat: _____ Long: _____
Address of Well Site 364 N Bonneville Rd
City Idaho Falls
(Give at least name of road - Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☒ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	20	1/50	Hand Seal

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____Was drive shoe seal tested? ☐ Y ☐ N How? 2" ID - 6" ID

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
2 1/2	0	265	3/16	Steel	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

200 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
4-5	2-6 GPM		6 hrs

Water Temp. _____ Bottom hole Temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"					
8"					
6"					
4"					
3"					
2"					
1 1/2"					
1"					
3/4"					
1/2"					
3/8"					
1/4"					
3/16"					
1/8"					
3/32"					
1/32"					
1/64"					
1/128"					
1/256"					
1/512"					
1/1024"					
1/2048"					
1/4096"					
1/8192"					
1/16384"					
1/32768"					
1/65536"					
1/131072"					
1/262144"					
1/524288"					
1/1048576"					
1/2097152"					
1/4194304"					
1/8388608"					
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Idaho Dept. of Water Resources

Write Tag Number Here

Start Card/Permit - Single Family Domestic Well Only
(Cold Water less than 85 degrees F.)

D0043919

1. Owner's Name (please print): Paul Grayson
2. Owner's Mailing Address: 144 Spence
City: Pocatello State: ID Zip Code: 83201 Telephone: 251-2686
3. Proposed Well Location: Twp. 7S, Rge. 37E, Sec. 31, SW 1/4 NE 1/4 1/4
Gov't Lot No. _____ County Bannock Lat. _____ Long. _____
Street Address of Well Site 3164 N. Bonneville Rd. City Inkom
Must give at least name of road + Distance to Road or Landmark
Lot _____ Block _____ and Subdivision _____
4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes [] No [], By Health District: Yes [] No []
5. Well Construction Information:
A. ☒ New well [] Replace [] Deepen [] Modify Previous well [] B. Proposed Casing Dia. _____ C. Proposed Maximum Depth: _____
6. Construction Start Date: 5/16/06 7. Well Driller: Teton Water Works Driller's Lic. No. 506
8. The Driller hereby accepts the terms and conditions of the Start Card/Permit.
Driller's Signature: _____ Date: 5/16/06
9. The Well Owner affirms to have read this Start Card/Permit, validates its accuracy and accepts the conditions.
Owner's Signature: _____ Date: _____

CONDITIONS FOR USE OF START CARD:

- This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right.
- This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Mailing must take place no less than 72 hours prior to construction (Dept. address below), hand delivered or faxed to the Dept. prior to commencing construction. The start construction date shall be no more than 10 days after the Department receives the permit. An incomplete form will not be considered a valid permit to drill.
- This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.
- Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D. tag at the drilling site during construction.
- This drilling permit does not authorize trespass on the land of another party.
- This drilling permit does not constitute other local, county, state or federal approvals, which may be required for construction of a well.
- This drilling permit does not represent a right to divert and use the water of the State of Idaho.
- If a bottom hole temperature of 85° F. or greater is encountered, well construction shall cease and the well driller shall contact the department immediately.
- Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 800-342-1585.
- The stainless steel I.D. tag must be welded to the well casing upon completing the well and must remain permanently attached above ground level for the life of the well. Other tags may be added following a repair or modification of the well. The well driller is responsible for permanently attaching the I.D. tag to the casing upon completing the well. The well tag shall be attached by welding at least 3 sides or using four (4) stainless steel, closed-end pop rivets.
- A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Contaminated by the Department as Contaminated.
- The possession of a well tag does not authorize construction of a well.
- Any well being replaced by a new well, shall be properly abandoned by the well driller prior to removal or otherwise authorized by the department.

N. 42° 45' 963
W. 112° 10' 701Effective June 1, 2004
Start Card/Application and Tag purchase may be submitted to one of the following offices:

Western Region
Idaho Department of Water Resources
5 Airport Way Boise, ID 83705-5062
Phone: (208) 334-2190 Fax: (208) 334-2348

Central Region
Idaho Department of Water Resources
3 Northwest Blvd., STE 210 Coeur d'Alene, ID 83814-2615
Phone: (208) 769-1450 Fax (208) 769-1454

Southern Region
Idaho Department of Water Resources
900 North Skyline Drive STE A Idaho Falls, ID 83401
Phone: (208) 525-7161 Fax: (208) 525-7162