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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

Case 39576

) Subcase

) (Insert water right number)

) 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 read **SRBA Administrative Order 1, Rules of Procedure** (amended Sept. 30, 1996).

My name is Ruth or Aaron Couie

My address is P.O. Box 86, Riggins, ID 83549

My phone number is: Work \_\_\_\_\_ Home <sup>(208)</sup> 628-3881

I am an attorney representing \_\_\_\_\_

My name is \_\_\_\_\_

My address is \_\_\_\_\_

My phone number is \_\_\_\_\_

### MOTION TO FILE A LATE NOTICE OF CLAIM

A *Motion to File a Late Notice of Claim* will require a hearing before the Presiding Judge.

☒ I did not file a Notice of claim to the use of water in the SRBA because:

Domestic purchase April 2006

☐ I filed a Notice of Claim and elected to defer judicial proceedings on my domestic or stock watering use. I desire to reinstate my Notice of Claim for domestic or stock watering use.

☒ I am providing legal and factual documentation for my claimed use of water. You must describe these documents and attach a readable copy. (You do not need to fill this out if you are reinstating a Notice of Claim for domestic or stock watering use, but you **must** attach a copy of your Notice of Claim.)

Attach copy of Well Drillers

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.

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 \_\_\_\_\_  
(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:

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

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I have attached:

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

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**VERIFICATION** (Must be completed)

State of Idaho

County of Idaho

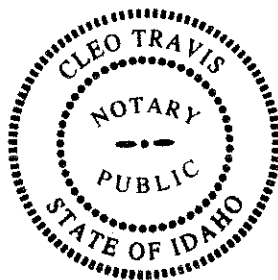
Ruth Corie, being first duly sworn, upon oath, deposes and says:  
(Insert name of person filing form)

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.

Ruth Corie  
Signature of person filing motion

\_\_\_\_\_  
Attorney signing in representative capacity

Subscribed and sworn to before me on 12-11-06  
(Insert Date)



Cleo Travis  
Notary Public for Riggins IDAHO  
Residing at: Riggins  
My Commission expires: 10-10-2012

**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 \_\_\_\_\_, 199\_\_\_\_, 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:

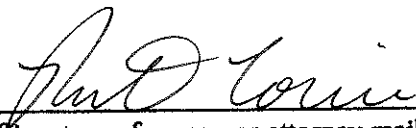
IDWR Document Depository  
PO Box 83720  
Boise, ID 83720-0098

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

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 29-14197

Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Received By: \_\_\_\_\_

## 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

1. Name of Claimant(s) Aaron or Ruth Couie Phone ( ) 208-628-3881Mailing Address P.O. Box 86, Riggins, ID Zip 835492. Date of Priority: (Only one per claim) 5-13-06 Month/Day/Year3. Source of water supply (Check one) Ground Water ☒ or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_4. Location of Point of Diversion is: Township 24, Range 1, Section 4,  
1/4 of SW, 1/4 of SE, 1/4 Govt. Lot \_\_\_\_\_, BM., County of Idaho  
Additional points of diversion if any: \_\_\_\_\_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 with submersable pump6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)  
For Domestic purposes from 1-1 to 12-31 amount .07 (cfs)  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_7. Total Quantity claimed .07 (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 and Number of livestock) Domestic 1

10. Location of Place of Use is: Township 24, Range 1, Section 4,SW, 1/4 of SE, 1/4, Govt. Lot \_\_\_\_\_, BM.for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any \_\_\_\_\_

11. Which county (ies) are lands listed above as place of use located? Idaho12. 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.

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 v. 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 understand 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/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) [Signature] Date: 12-11-06\_\_\_\_\_  
Date: \_\_\_\_\_

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  
Organization\_\_\_\_\_  
Title Organization

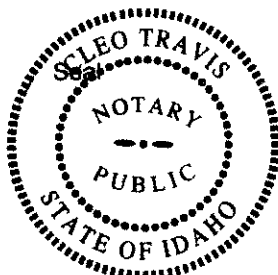
And that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Title and Organization \_\_\_\_\_

State of Idaho )  
County of Idaho ) SS.

## NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 11 day of December 20 12Notary Public [Signature]Residing at RigginsMy commission Expires 10-10-2012

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

IDAHO DEPARTMENT OF WATER RESOURCES  
WELL DRILLER'S REPORT

Office Use Only

Inspected by \_\_\_\_\_

Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4

Lat: : : Long: : :

☒ Air ☐ Flowing Artesian

1. WELL TAG NO. D DCC 46431  
 DRILLING PERMIT NO. \_\_\_\_\_  
 Other IDWR No. \_\_\_\_\_

2. OWNER:  
Name ARTHUR R (OUIP)  
Address PO BOX 366  
City NEW MADDOWS State D Zip 63654

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N  
 W E S  
 Twp. 24 North ☐ or South ☐  
 Rge. 1 East ☒ or West ☐  
 Sec. 4  
 Gov't Int. 1/4 10 acres SW 1/4 SE 1/4 160 acres  
 County Itasca  
 Lat. \_\_\_\_\_ Long. \_\_\_\_\_  
 Address of Well Site 72 Paul Road  
 City Piggins  
 (Give at least name of road + Distance to Road or Landmark)

Lt. \_\_\_\_\_ Bk. \_\_\_\_\_ Sub. Name Race Creek  
# 742

**4. USE:**

USE:

|                                              |                                    |                                      |                                     |
|----------------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Municipal | <input type="checkbox"/> Monitor     | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Thermal             | <input type="checkbox"/> Injection | <input type="checkbox"/> Other _____ |                                     |

**5. TYPE OF WORK** check all that apply

(Replacement etc.)

☒ New Well    ☐ Modify    ☐ Abandonment

## 6. DRILL METHOD

☒ Air Rotary    ☐ Cable    ☐ Mud Rotary    ☐ Other \_\_\_\_\_

## 7. SEALING PROCEDURES

| 7. SEALING PROCEDURES |      |      |                 | METHOD          |
|-----------------------|------|------|-----------------|-----------------|
| SEAL/FILTER           |      | PACK | AMOUNT          |                 |
| Material              | From | To   | Sacks or Pounds | Placed Dry Pack |
| Pentonite             | G    | 20   | 17 Sack         |                 |
|                       |      |      |                 |                 |
|                       |      |      |                 |                 |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) \_\_\_\_\_  
Was drive shoe seal tested? ☐ Y ☐ N How? \_\_\_\_\_

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing                              | Liner                    | Welded                              | Threaded                 |
|----------|------|----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6"       | 17   | 60 | 250   | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe 0 Length of Tailpipe           

## 9. PERFORATIONS/SCREENS

Perforations Method 0  
Screens Screen Type           

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
| 0    |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground      Artesian pressure 0 lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or  
control devices: \_\_\_\_\_

## WELL TESTS:

☐ Pump      ☐ Bailer

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| 30              | 30       | 50'           | 1 HR |
|                 |          |               |      |
|                 |          |               |      |

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water Encounter \_\_\_\_\_

## 12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

Completed Depth 60' (Measurable)  
Date: Started 5/10/06 Completed 5/13/06

### 13. DRILLER'S CERTIFICATION

13. DRILLER'S CERTIFICATION  
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name ALLSTATE DRILLING Firm No. 501

Firm Official William J. Jones Date 10/1/80

Driller or Operator Gay Jones Date 6/13/06

(Sign once if Firm Official & Operator)