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NOV 27 2017
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 <u>63-32896</u>
	)	(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 read **SRBA Administrative Order 1, Rules of Procedure** (amended Sept. 30, 1996).

My name is Lester or Robin Grimm

My address is 1914 S. Elder St
Nampa, ID 83686

My phone number is: ^{cell 650-}~~Work~~ 743-9006 Home ²⁰⁸⁻466-9805

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:

We recently purchased the home
& discovered this opportunity.

☐ 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.)

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 \$ 100⁰⁰.
- ☐ 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 \$ _____.

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 Feb 19, 2008 @ 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 Canyon

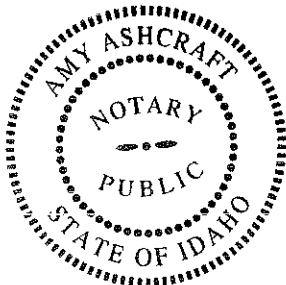
Robin Grimm, being first duly sworn, upon oath, deposes and says:
(Insert name of person filing form)

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.

[Signature]
Signature of person filing motion

Attorney signing in representative capacity

Subscribed and sworn to before me on Nov. 19, 2007
(Insert Date)



[Signature]
Notary Public for Idaho
Residing at: Nampa, ID
My Commission expires: 4/20/2012

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 November 19, 2007, 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:

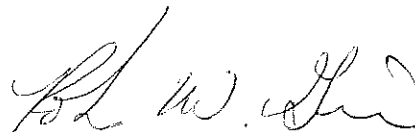
IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

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

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RECEIVED

OCT 29 2007

WATER RESOURCES
WESTERN REGIONDEPARTMENT OF
WATER RESOURCESIN 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 _____

Date Received: _____

Receipt No: _____

Received By: _____

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Lester +/OR Robin Grimm Phone 208-466-9805
650-743-9006
- Mailing Address 1914 S. Elder St Nampa ID ZIP 83686
Street or Box City State
2. Date of Priority (Only one (1) per claim) estimate: 1/1/1975
Month Day Year (YYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 3N, Range 2W, Section 34,
_____, 1/4 of SW, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of Canyon

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 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 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.

Well on property line w/ 2 separate pumps
well is shared w/ neighbor 1 to each dwelling
1906 S. Elder St
Ron + Sharon Ponsford
installed with original construction 1975

Last Name Grimm Ident No. _____

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Domestic purposes from 1/1 to 12/31 amount .04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Domestic - Serves 2 homes, each with own Pump

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.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
3N	2W	34												.04					.04 cfs

Total number of acres irrigated _____

10. In which county (ies) are lands listed above as place of use located? Canyon

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.

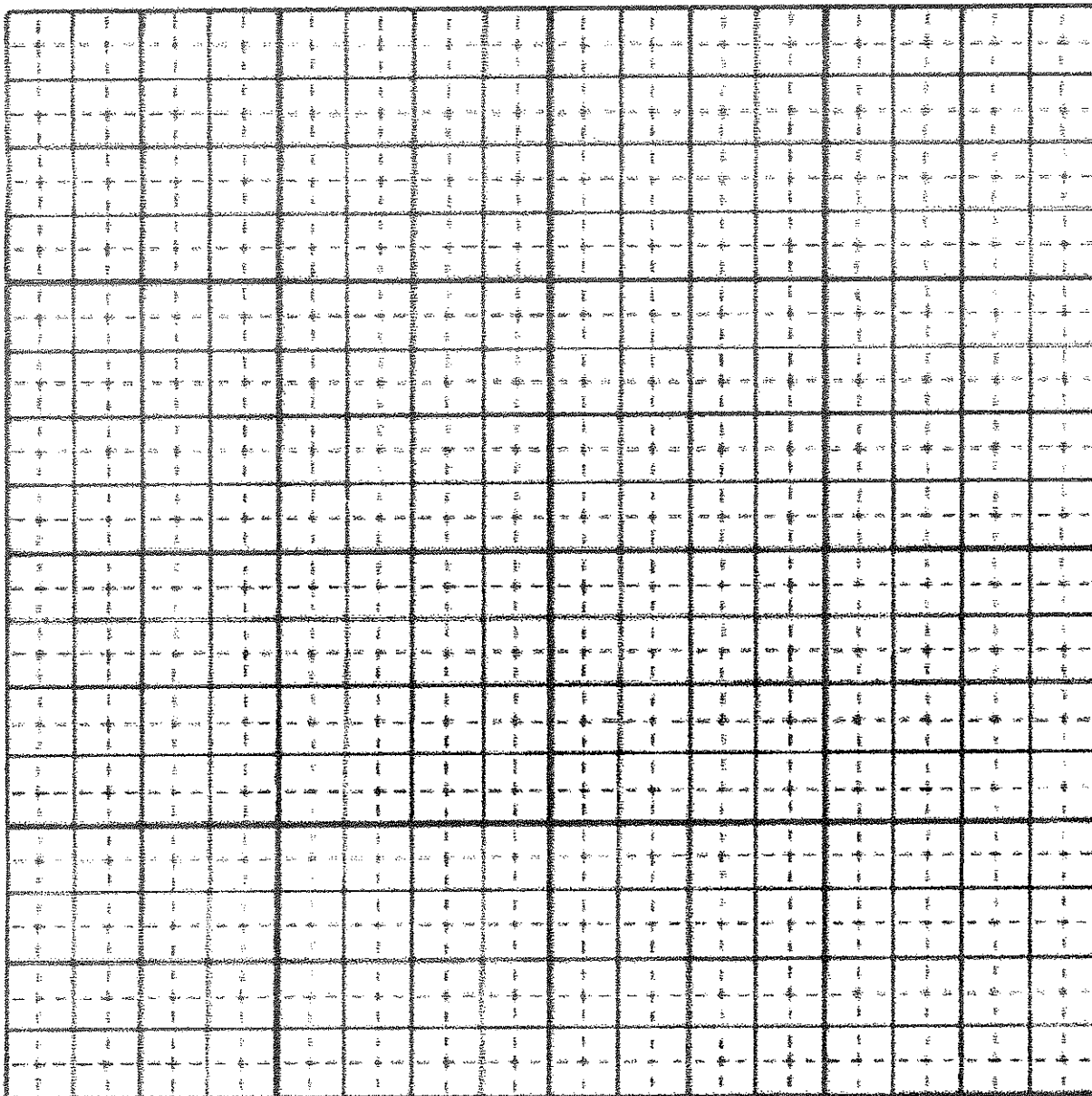
_____ or None (✓)

13. Remarks: 1914 S. Elder St. Nampa
Lot 3 Block 4 P & F Thompson Subdivision

Last Name Grimm Ident No. _____

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

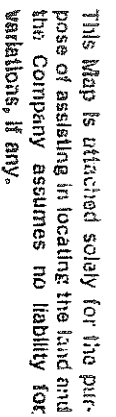
Scale: 2 Inches equals 1 mile



see following 2 pages

Last Name Grimm Ident No. _____

Foot.



- ① Power & telephone easement (10')
- ② Easement for sanitary protection of wells, no septic tanks or drain fields allowed within circle (well location is center of protection easement)
- ③ Irrigation easement, 80 feet on each side of the center of the canal for minimum...

I Bill Woods, of Canyon County Health Department do hereby certify that I have checked the plot of P. B. F. THOMPSON SUBDIVISION. Sanitary restrictions have not been removed.

IN WITNESS WHEREOF, I have hereunto set my hand, this 20th day of ~~December~~ A.D. 1973.

STATE OF IDAHO
COUNTY OF CAYON \$ 5
On this 20 day of February
and for Idaho, personally a
person whose name is subscribed
to me that he executed the

Notary Public
Residing at _____
My Commission _____

My Commemoration Expires 11/1/12

Residing at Atlanta, Ga.
My Commission Expires 7/14/28

My Commission Expires 7/1/2008

PAE THOMPSON SUBDIVISION
Canyon County, Idaho

FILED On July 27, 1972 at El Paso, Texas
County and State, personally appeared John W.
WALTER FRY, known to me to be the person whose
name is subscribed to the following instrument,
and acknowledged to me that he executed the
same for the purposes and consideration therein
expressed. Witness my hand and seal this 27th day of
July 1972.

Notary Public John W. Haddock
Residing at Chicago, Illinois
My Commission expires 1st 1921

STATE OF IDAHO
COUNTY OF CANYON 55

I, John W. Fothergill, a Registered Professional Engineer in and for said County and State, do hereby certify that the survey of P. & F. THOMPSON SUBDIVISION in Canyon County, Idaho, as described on the face of this plat was made by me or under my direction and that this plat correctly shows the survey to make. IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd day of December, A.D. 1973.

I hereby certify that this statement was filed for record at the request of _____ at _____ minutes past _____ o'clock _____ M. this _____ day of _____ A.D. 1973.

Fee _____

Instrument No. _____
Recorder _____
Operator _____

BOOK 12 PAGE 12

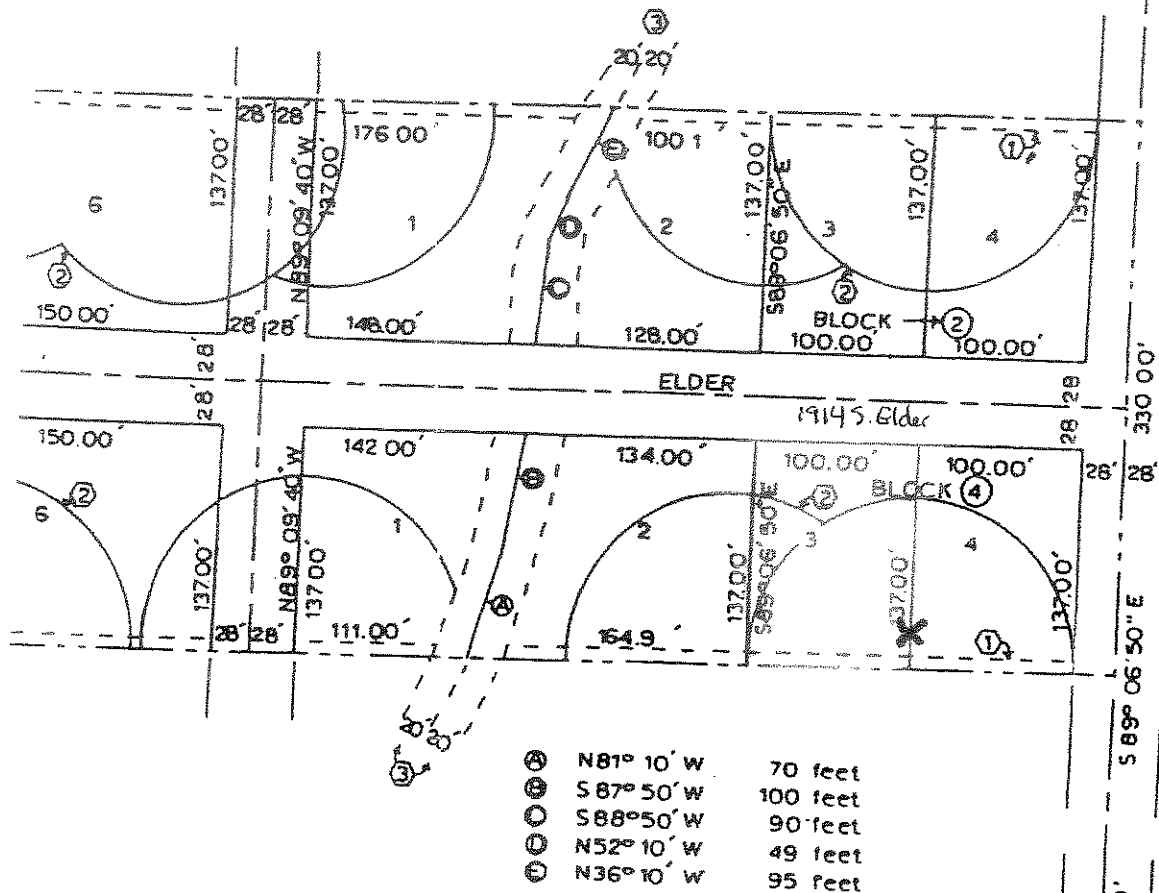
PLACEMENT NOTES

- ① Power & telephone easement (10')
- ② Easement for sanitary protection of well - no septic tanks or drain fields allowed within circle (Well location is center of Protection easement.)
- ③ Irrigation Easement, 20 feet on each side of the center of the canal for maintenance.

Notary Pu
Residing a
My Comm

STATE OF IL
COUNTY OF

I John W. Fo
in and for si
that the surv
in Canyon Co
plat was mac
this plat corr
WHEREOF, I I
12th day of



I hereby certify
at the request
past _____ o'clock
A.D. 1973.

Fee _____

Instrument No. _____

Recorder _____

Deputy _____

Twon 3N
R 2W
- Sec 34
SWSE
Lot 3
Block 4
P & F Tho

NE COR
SW 1/4 SE 1/4
SEC 34, T3N, R2W, BM

STATE OF IDAHO
COUNTY OF CANYON S S

Subdivision
Grimm

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 notice in the Snake River Basin 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 property maps, ct #1028 for \$50⁰⁰

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) [Signature] Date: 10/26/07

[Signature] Date: 10/26/07

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please Print Name

16. Notice of Appearance:

Notice is hereby given that I, _____, 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 _____

Address _____

Date _____

Last Name Grimm Ident No. _____