

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576
~~39576~~

Ident. Number 95-10524
Date Received: 5/12/2009
Receipt No: NO 20552
Received By: KJ

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MILTON D NELSON Phone: (208) 687-8462
12025 W WINCH AVE
RATHDRUM ID USA 83858

2. Date of Priority: 09/05/2001

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	05W	3	SE NW	KOOTENAI	

5. Description of diverting works:

SUBMERSIBLE PUMP IN WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.
DOMESTIC	01/01	12/31	0.04

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use
51N	05W	3	SE NW		DOMESTIC

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used: 95-9394

14. Remarks:

15. Basis of Claim: Beneficial Use

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: 2

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): Milton D. Nelson Date: 12 May 2009

Date:

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this
of _____ 20__

Notary Public

Residing at _____

My commission Expires _____

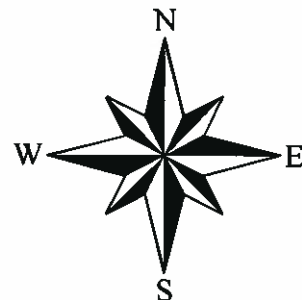
MILTON NELSON



0 87.5 175 350 525 700 Feet

Legend

-  workingpod
-  workingpou
-  Taxlots
-  QQ



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: : :

1. WELL TAG NO. D 0017715

DRILLING PERMIT NO. _____

Other IDWR No. _____

2. OWNER: Milton D. Nelson
Name
Address 12025 S. Winch Road
City Rutherford State ID Zip 83858

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 51 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 3 $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$
 Gov't Lot _____ County Kootenai $\frac{10}{100}$ acres
 Lat: _____ : _____ : _____ Long: _____ : _____ : _____
 Address of Well Site same
 City _____

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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite			4 bags	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 260

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	260	250	Steel	☒	☐	☐	☐
4"	225	645	160	PVC	☐	☒	☐	☐
					☐		☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations	Method	Saw Cut 1/8 x 6
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Screens	Screen Type
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From	To	Slot Size	Number	Diameter	Material	Casing	Liner
B2S	B4S	1/8"	45		ARC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

285 ft. below ground Artesian pressure lb.

Depth flow encountered _____ ft. Describe access port on
control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3 gpm			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

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

[illegible]

Completed Depth _____ (Measurable)
Date: Started 08/30/01 Completed 09/05/01

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 McCarty Drilling & Pump Inc. Firm No. 586

Firm Official Burt M. [Signature] Date 9-6-01

and
Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)