

**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
Ident. Number: 95-11353
Date Received:
Receipt No.:**

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

**RECEIVED
OCT 19 2009
IDWR/North**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
REED & ROSEMARY DICKSON	763 MANOR HEIGHTS DRIVE	POST FALLS	ID	USA	83854

2. Date of Priority:

Date	Explanation
9/12/1975	Well Driller Report filed with IDWR. Panhandle Health District Septic permits verify usage.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	05W	8		SE	SE	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description												
DOMESTIC	1	-	Use is for 7 homes.												
IRRIGATION	-	-	Use water for irrigation of property and raising livestock.												
STOCKWATER	-	<table><tr><th>Type of Stock</th><th>Number of Stock</th></tr><tr><td>Chickens</td><td>11 - 25</td></tr><tr><td>Turkeys</td><td>1 - 10</td></tr><tr><td>Cattle</td><td>1 - 10</td></tr><tr><td>Pigs</td><td>1 - 10</td></tr><tr><td>Other</td><td>1 - 10</td></tr></table>	Type of Stock	Number of Stock	Chickens	11 - 25	Turkeys	1 - 10	Cattle	1 - 10	Pigs	1 - 10	Other	1 - 10	At one time or another, water has been used to raise chickens, pigs, cattle, turkeys, horses, rabbits.
		Type of Stock	Number of Stock												
		Chickens	11 - 25												
		Turkeys	1 - 10												
		Cattle	1 - 10												
		Pigs	1 - 10												
		Other	1 - 10												

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day

**SCANNED
OCT 19 2009**

DOMESTIC	1 / 1	12 / 31
IRRIGATION	3 / 15	11 / 15
STOCKWATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.160	0.00	0.0
IRRIGATION	0.020	0.00	0.0
STOCKWATER	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.180	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	10

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	05W	8	NE	SE	KOOTENAI	-	-
DOMESTIC	50N	05W	8	SE	SE	KOOTENAI	-	-
DOMESTIC	50N	05W	9	NW	SW	KOOTENAI	-	-
DOMESTIC	50N	05W	9	SW	SW	KOOTENAI	-	-
IRRIGATION	50N	05W	8	SE	SE	KOOTENAI	-	13
STOCKWATER	50N	05W	8	SE	SE	KOOTENAI	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. 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 Coeur d'Alene-Spokane 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: _____

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): *Red R. Dickson* Date: 10-15-09
Rosemary J. Dickson Date: 10-15-09

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

SCANNED

OCT 19 2009

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

SCANNED
OCT 14 2009

WELL DRILLER'S REPORT

RECEIVED

State law requires that this report be filed with the Director, Department of Water Resources within 15 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Reed Dickson</u> Address <u>Box 223 Post Falls, Idaho 83854</u> Owner's Permit No. <u>95-75-N-50</u>		7. WATER LEVEL Department of Water Resources Northern District Office Static water level <u>140</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																																																																																																																																																																																																																																																																																																																																																			
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>Air Blow</u> Discharge G.P.M. <u>80+</u> Draw Down _____ Hours Pumped _____																																																																																																																																																																																																																																																																																																																																																																																			
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG																																																																																																																																																																																																																																																																																																																																																																																			
4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other		<table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>10</td><td>Sand Loam</td><td></td><td>X</td></tr><tr><td>8</td><td>10</td><td>20</td><td>Dec. granite</td><td></td><td>X</td></tr><tr><td>6</td><td>20</td><td>21</td><td>Dec. granite (Brown)</td><td></td><td>X</td></tr><tr><td></td><td>21</td><td>27</td><td>Dec. granite (Black)</td><td></td><td>X</td></tr><tr><td></td><td>27</td><td>31</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>31</td><td>32</td><td>granite (Fractured)</td><td></td><td>X</td></tr><tr><td></td><td>32</td><td>38</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>38</td><td>43</td><td>granite 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Depth		Material	Water		From	To	Yes	No	8	0	10	Sand Loam		X	8	10	20	Dec. granite		X	6	20	21	Dec. granite (Brown)		X		21	27	Dec. granite (Black)		X		27	31	granite		X		31	32	granite (Fractured)		X		32	38	granite		X		38	43	granite (Fractured)	X			43	47	granite		X		47	50	granite (Fractured)		X		50	51	granite		X		51	52	granite (Fractured)		X		52	53	granite		X		53	54	granite (Fractured)		X		54	55	granite		X		55	56	granite (Fractured)		X		56	57	granite		X		57	58	granite (Fractured)		X		58	59	granite		X		59	60	granite (Fractured)		X		60	61	granite		X		61	62	granite (Fractured)		X		62	63	granite		X		63	64	granite (Fractured)		X		64	65	granite		X		65	66	granite (Fractured)		X		66	67	granite		X		67	68	granite (Fractured)		X		68	69	granite		X		69	70	granite (Fractured)		X		70	71	granite		X		71	72	granite (Fractured)		X		72	73	granite		X		73	74	granite (Fractured)		X		74	75	granite		X		75	76	granite (Fractured)		X		76	77	granite		X		77	78	granite (Fractured)		X		78	79	granite		X		79	80	granite (Fractured)		X		80	81	granite		X		81	82	granite (Fractured)		X		82	83	granite		X		83	84	granite (Fractured)		X		84	85	granite		X		85	86	granite (Fractured)		X		86	87	granite		X		87	88	granite (Fractured)		X		88	89	granite		X		89	90	granite (Fractured)		X		90	91	granite		X		91	92	granite (Fractured)		X		92	93	granite		X		93	94	granite (Fractured)		X		94	95	granite		X		95	96	granite (Fractured)		X		96	97	granite		X		97	98	granite (Fractured)		X		98	99	granite		X		99	100	granite (Fractured)		X
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5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>450</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness <u>1/4</u> inches Diameter <u>1</u> inches From <u>20</u> feet To <u>20</u> feet Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☒ Overbore to seal depth		10. Work started <u>8-20-75</u> finished <u>9-12-75</u>																																																																																																																																																																																																																																																																																																																																																																																			
6. LOCATION OF WELL Sketch map location must agree with written location. <u>95</u> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> SE 1/4 SE 1/4 Sec. <u>8</u> T. <u>50</u> N. S. R. <u>5</u> E. <u>ND</u>		11. DRILLERS CERTIFICATION Firm Name <u>Enterprise Drilling Co.</u> Firm No. _____ Address <u>Box 404 Post Falls, Idaho</u> Date <u>9-15-75</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u>																																																																																																																																																																																																																																																																																																																																																																																			

PANHANDLE HEALTH DISTRICT I
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT FEE \$10.00

PERMIT NO. 4-76 PAID ☒ CASH ☒ CHECK ☐ NO FEE ☐ DATE June 9, 1976
INSTALLATION FOR (NAME) Leed Dickson SIZE OF LOT 12 acres FT. X 12 FT.
LOCAL DESCRIPTION OF PROPERTY SE 1/4 of SE 1/4 of Sec 8 T. 50 N. R. 5 W.
ADDRESS OF INSTALLATION Pl.asant Wood - 4 1/2 mile South on Signal Point Road
NO. LIVING UNITS 1 BEDROOMS 3 BATHS 2 1/2 PEOPLE SERVED 2 OTHER
SEPTIC TANK 1,000 GALS. - DISTANCE TO DWELLING FOUNDATION 5' x WELL 50' x WATER LINE 10' x
SURFACE WATER TYPE OF TANK: CEMENT ☒ METAL ☐ OTHER ☐
☒ DISPOSAL AREA: DRAINFIELD ☒ ABSORPTION BED ☐ OTHER ☐ DIMENSIONS 250' x 3
PERK RATE MIN/IN. SOIL PROFILE 750 mg/ft
DISTANCE, PROPERTY LINES:
FRONT 5' x FT. BACK 5' x FT. SIDE 5' x FT. DWELLING FOUNDATION 20' x FT.
WELL 100' x FT. SURFACE WATER FT. SEPTIC TANK FT. NEIGHBOR'S WELL 100' x FT.
DEPTH TO GROUND WATER FT. WELL LOG, YES ☐ NO ☐

I UNDERSTAND THAT THIS PERMIT IS NON-TRANSFERABLE AND IS VALID FOR ONLY 90 DAYS FROM THE DATE OF APPLICATION. DRAIN-FIELD MUST NOT EXCEED 3 FEET IN DEPTH.

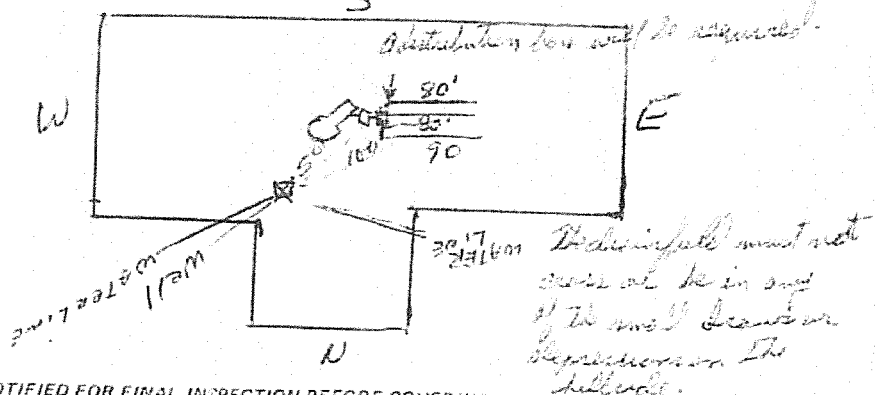
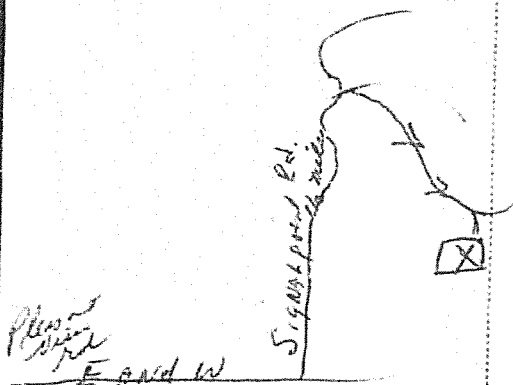
X APPLICANT'S SIGNATURE Leed Dickson APPLICANT IS: OWNER ☒ CONTRACTOR ☐ OTHER ☐
X MAILING ADDRESS Box 223 Post Pch Id 83854 PHONE NO. 773-4848
REMARKS:

COPY TO: Fm. HA ☐ Fed. HA ☐ VA ☐ OTHER ☐

PLOT PLAN SUBMITTED Date APPROVED June 9, 1976 Date DISAPPROVED Date
PERMIT ISSUED BY Anthony Davis REMARKS Co 73ed g Oky 6-9-76
A better approximation of the drainfield may be required if 750 mg/ft permit is required.

VICINITY MAP
(Show: v To Get There From This Office)

PLOT PLAN
(Show House, Other Buildings, Proposed Sewage Layout, Wells, Water Lines, Roads, Streams, Lakes and Distances Between).



THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION BEFORE COVERING SYSTEM!

INSPECTION. SYSTEM COVERED APPROVED NOT APPROVED
INSPECTED BY Name INSTALLED BY Name DATE DATE
REMARKS

REFERENCE: RULES AND REGULATIONS FOR INDIVIDUAL AND SUBSURFACE SEWAGE DISPOSAL SYSTEMS
Idaho Department of Health, Environmental Improvement Division, August 1971

*Charlene Beamer
777 South Manor Heights Drive
Post Falls, Idaho 83854
208-765-6000*

February 13, 2013

RECEIVED
FEB 14 2013
IDWR/NORTHERN

Chad H. Goodwin
Senior Water Resources Agent
Department of Water Resources
7600 North Mineral Drive #100
Coeur d'Alene ID 83814

RE: **Coeur d'Alene-Spokane River Basin Adjudication Claim 95-11353**

Dear Mr. Goodwin:

Mrs. Dickson has given me your letter of February 8, 2013 regarding her Claim # 95-11353 to me for handling. Mrs. Dickson recently lost her husband of 56 years and finds these demands to be quite disconcerting. From the records that Mrs. Dickson has located, it appears there may be something lacking in your record keeping. Enclosed herewith is a copy of the APPROVED Application for Permit dated May 7, 1979. She further advises me that proof of construction of works and application of water to beneficial use was provided as instructed.

Thank you for your prompt attention to this matter. She and I look forward to receiving your response.

Sincerely,



CHARLENE BEAMER

\cyb

cc: Rosemary Dickson



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

FEBRUARY 7, 2013

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

REED DICKSON
ROSEMARY DICKSON
763 MANOR HEIGHTS DR
POST FALLS ID 83854

RE: Coeur d'Alene-Spokane River Basin Adjudication claim 95-11353 Violation of the Mandatory Permit Statute

Dear Claimants:

The Idaho Department of Water Resources (IDWR) is currently in the process of reviewing adjudication claims in your area. Initial review of your claim indicates the priority date claimed is in violation of the Mandatory Permit Statute for the water source and purpose of use claimed.

The permit system for establishing a water right became mandatory for uses developed from ground water after March 25, 1963 (except for domestic purposes as defined by Section 42-111, Idaho Code)

The priority date claimed indicates that use of water for the purposes claimed began after March 25, 1963, for ground water. Because a water right was not previously established under the permit system, an "Application for Permit" form should be filed instead of this claim. The adjudication claim fee you paid can be applied to the fee for the application for permit.

For your convenience, I am enclosing an Application for Permit form and a Withdrawal of Claim form. Please do not hesitate to contact this office if you have any questions or concerns.

Sincerely,

Chad H. Goodwin
Senior Water Resources Agent

Enclosure(s): Application for Permit form
Withdrawal of Claim form

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

APPROVED

To appropriate the public waters of the State of Idaho

1. Name of applicant Reed & Rosemary Dickson Phone 208-7268

Post office address Box 323 Post Falls, Id.

2. Source of water supply Groundwater which is a tributary of _____

3. Location of point of diversion is SE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 8 Township 50N

Range 50W B.M. Rackham County, additional points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.11 for Domestic purposes from Jan 1 to Dec 31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.02 for Stock purposes from Jan 1 to Dec 31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.11 for Irrigation purposes from Mar 15 to Dec 15 (both dates inclusive)
(cfs or acre-feet per annum)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated:

a. 0.20 cubic feet per second and/or b. _____ acre-feet per annum.

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. Well, pump & pipe line

b. Height of storage dam _____ feet, active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet, materials used in storage dam: _____

Period of year when water will be diverted to storage _____ to _____ inclusive.
(Month/Day) (Month/Day)

c. Proposed well diameter is 6 inches; proposed depth of well is 450 feet.

7. Time required for the completion of the works and application of the water to the proposed beneficial use is 5 years (minimum 1 year - maximum 5 years).

8. Description of proposed uses:

a. If water is not for irrigation:

(1) Give the place of use of water: SE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 8 Township 50N

Range 50W B.M.

(2) Amount of power to be generated: _____ horsepower under _____ feet of head.

(3) List number of each kind of livestock to be watered _____

(4) Name of municipality to be served _____, or number of families to be supplied with domestic water 8.

(5) If water is to be used for other purposes describe: _____

b. If water is for irrigation, indicate acreage in each subdivision in the tabulation below:

TWP	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
50N	5W	8																7	7

Total number of acres to be irrigated 7

c. Describe any other water rights used for the same purposes as described above. None

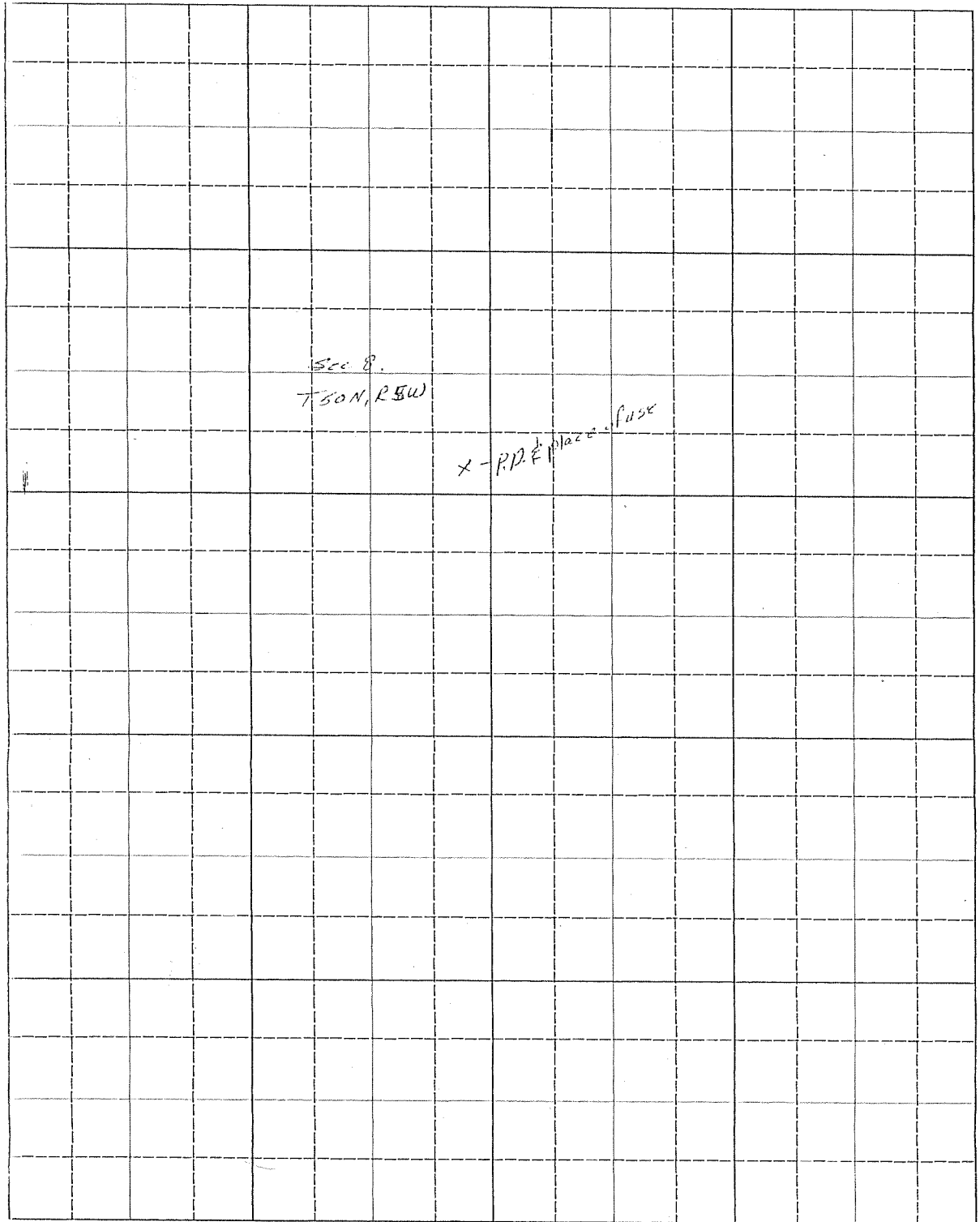
9. a. Who owns the property at the point of diversion Applicant

b. Who owns the land to be irrigated or place of use Applicant

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing _____

10. Remarks _____

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



Scale: 2 inches equal 1 mile.

BE IT KNOWN that the undersigned hereby makes application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Shirley J. Nickerson
(Applicant)

Proposed Priority 3-27-79

Received by JK Date 3/27/79 Time 11:20

Preliminary check by RJA Fee \$ 50.00

Receipted by JK Date 3-27-79 (13471)

RJA Publication prepared by JK Date 3/28/79

Published in Boise Post-Register

Publication dates 4/5-12/79

Publication approved JK Date 4/11/79

Protests filed by: none

Copies of protests forwarded by _____

Hearing held by _____ Date _____

Recommended for approval denial by RJA SS

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No. 95-7897, and said application is hereby APPROVED.

1. Approval of said application is subject to the following limitations and conditions:
 - a. SUBJECT TO ALL PRIOR WATER RIGHTS.
 - b. Proof of construction of works and application of water to beneficial use shall be submitted on or before May 1, 19 84.
 - c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.
 - d. Other: _____

Witness my hand this 7 day of May, 19 79.

L. Glen Saxton
Chief, Operations Bureau



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

FEBRUARY 7, 2013

C. L. "BUTCH" OTTER
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GARY SPACKMAN
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REED DICKSON
ROSEMARY DICKSON
763 MANOR HEIGHTS DR
POST FALLS ID 83854

RE: Coeur d'Alene-Spokane River Basin Adjudication claim 95-11353 Violation of the Mandatory Permit Statute

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For your convenience, I am enclosing an Application for Permit form and a Withdrawal of Claim form. Please do not hesitate to contact this office if you have any questions or concerns.

Sincerely,

Chad H. Goodwin
Senior Water Resources Agent

Enclosure(s): Application for Permit form
Withdrawal of Claim form

SCANNED
FEB 07 2013

Print Claim Stub

Thank you for submitting your claim to IDWR.

**If paying in person, please print this page and bring it with you.
If paying by mail, make sure to enclose a copy of this page with your payment.**

**If you experience printing problems or do not have a printer, copy this information and include it with your payment.
Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.**

**Thank you for paying online.
Please print this page for your records**

[Print This Page](#)

Claim Number:	95-11353
Claim Fee:	\$60.00
Claimant(s):	REED & ROSEMARY DICKSON 763 MANOR HEIGHTS DRIVE POST FALLS , ID 83854
Claimed Purpose(s) of Use:	DOMESTIC IRRIGATION STOCKWATER

[Go to View History page](#)

[Logout](#)

Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

SCANNED

OCT 19 2009