

RECEIVED

SEP 06 2013

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>65 - 23555</u>                                |
|            | ) | (Insert water right number)                              |
| Case 39576 | ) |                                                          |
|            | ) | STANDARD FORM 4                                          |
|            | ) |                                                          |
|            | ) | MOTION TO FILE:                                          |
|            | ) | <input checked="" type="checkbox"/> LATE NOTICE OF CLAIM |
|            | ) | <input type="checkbox"/> 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 James R. Ciardelli and Nancy White

My address is 5250 Hidden Hollow Lane, Emmett, ID 83617

My phone number is: Work \_\_\_\_\_ Home (208) 365-3593

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 purchased this land on September 17, 2003 and have since learned that there is no water right for domestic use on the property. We understand that this is a deferrable use, nevertheless we desire to secure a water right decree through the proceedings of the Snake River Basin Adjudication and the SRBA Court for the domestic use at our home based on beneficial use and original construction of our home in 2004.

☐ 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.)

map of property  
well log  
Gem Count assessment notice

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 \$ 25.00.
- ☐ 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 \_\_\_\_\_  
(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 Gem

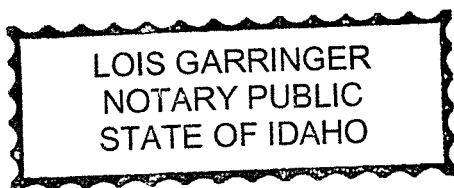
James R. Cardelli, being first duly sworn, upon oath, deposes and says:  
(Insert name of person filing form)

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.

James R. Cardelli  
Nancy White  
Signature of person filing motion

n/a  
Attorney signing in representative capacity

Subscribed and sworn to before me on Sept 3<sup>rd</sup> 2013  
(Insert Date)



Lois Garringer  
Notary Public for Idaho  
Residing at: Emmett, Id  
My Commission expires: 11/29/18

**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 September 3, <sup>2013</sup>~~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:

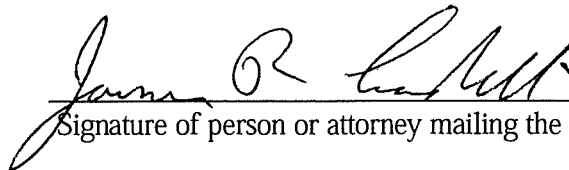
IDWR Document Depository  
PO Box 83720  
Boise, ID 83720-0098

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

## Legend

-  ESPA
-  GCDB Township/Range
-  GCDB Section
-  GCDB Quarter-Quarter
-  Counties

T07N R01W  
Sec 16 SWSE

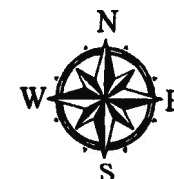
T07N R01W  
Sec 16 SESE

T07N R01W  
Sec 15 SWSW

T07N R01W  
Sec 21 NWNE

T07N R01W  
Sec 21 NENE

T07N R01W  
Sec 22 NWNW



0 130 260 520 780 1,040  
Feet

IDAHO DEPARTMENT OF WATER RESOURCES  
WELL DRILLER'S REPORT

|                 |        |       |   |   |
|-----------------|--------|-------|---|---|
| Office Use Only |        |       |   |   |
| Well ID No.     | 880358 |       |   |   |
| Inspected by    |        |       |   |   |
| Twp             | Rge    | Sec   |   |   |
| 1/4             | 1/4    | 1/4   |   |   |
| Lat:            | :      | Long: | : | : |

1. WELL TAG NO. D D0030765  
DRILLING PERMIT NO. \_\_\_\_\_  
Water Right or Injection Well No. \_\_\_\_\_

## 2. OWNER:

Name NANCY WHITE  
Address 3218 TREASURE DR.  
City BOISE State ID. Zip 83783

## 3. LOCATION OF WELL by legal description:

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

Twp. 7 North ☒ or South ☐  
Rge. 1 East ☐ or West ☒  
Sec. 16 SE 1/4 SE 1/4 1/4  
Gov't Lot \_\_\_\_\_  
County GEM 160 acres

Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
Address of Well Site 3450 BUTTE RD.  
City EMMETT

(Give at least name of road + Distance to Road or Landmark)  
Lt. 1 Blk. \_\_\_\_\_ Sub. Name HIDDEN VALLEY EST.

## 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 | 550 lbs         | 10" OVERBORE          |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 139'

Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

## 8. CASING/LINER:

| Diameter | From   | To  | Gauge | Material | Casing                              | Liner                               | Welded                              | Threaded                 |
|----------|--------|-----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6"       | +1 1/2 | 139 | .250  | STEEL    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 1/2"   | 111    | 191 | .40   | PVC      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe 80' Length of Tailpipe 0

Packer ☐ Y ☒ N Type \_\_\_\_\_

## 9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method \_\_\_\_\_

Screen Type & Method of Installation SLOTTED PVC SCREEN / PULLBACK

| From | To  | Slot Size | Number | Diameter | Material | Casing                   | Liner                               |
|------|-----|-----------|--------|----------|----------|--------------------------|-------------------------------------|
| 191  | 311 | .020      | 40     | 4 1/2"   | PVC      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## 10. FILTER PACK

| Filter Material | From | To | Weight / Volume | Placement Method |
|-----------------|------|----|-----------------|------------------|
| N/A             |      |    |                 |                  |

## 11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

180 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   |
|-----------------|----------|---------------|--------|
| 30              |          |               | 2 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"       | 0    | 3   | BRS. CLAY                                       |   | X |
|           | 3    | 5   | HARD PAN                                        |   | X |
|           | 5    | 23  | GRANITE                                         |   | X |
| 6"        | 23   | 74  | DECOMPOSED GRANITE                              |   | X |
|           | 74   | 121 | BRL CLAY                                        |   | X |
|           | 121  | 220 | BLUE CLAY                                       |   | X |
|           | 220  | 235 | BLUE CLAY w/ SAND STRKS.                        | X |   |
|           | 235  | 285 | COARSE SAND                                     | X |   |
|           | 285  | 311 | BLUE SANDY CLAY                                 | X |   |

RECEIVED

DEC 09 2003

WATER RESOURCES  
WESTERN REGION

Completed Depth 311' (Measurable)

Date: Started 11/20/03 Completed 12/1/03

## 14. DRILLER'S CERTIFICATION

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

Company Name DENNIS PHIPPS WELL DRILLING INC Firm No. 332

Principal Driller Mark Phipps Date 12/2/03

and Driller or Operator II Daniel G. Larson Date 12-2-03

Operator I \_\_\_\_\_ Date \_\_\_\_\_

Principal Driller and Rig Operator Required.  
Operator I must have signature of Driller/Operator II.

**PARCEL DESCRIPTION:**

## ASSESSMENT NOTICE

**THIS IS NOT A BILL.  
DO NOT PAY.**

**For any questions, please notify the Assessor's Office immediately**

**Assessor's Telephone Number: 208-365-2982**

Parcel Address:  
5250 HIDDEN HOLLOW LN

193 \*\*\*\*\*5-DIGIT 83617

[illegible]

CIARDELLI JAMES R  
WHITE NANCY L  
PO BOX 877  
EMMETT ID 83617-0877

Appeals of your property value must be filed in writing,  
on a form provided by the County by: **6/24/2013**

Tax Code Area: 021-0000

Parcel Number: **RP00420834**

### CURRENT DESCRIPTION

**LOTS/ACRES****LAST YEAR'S VALUE**

**CURRENT YEAR'S VALUE**

```

05 Dry grazing Use Value
10 and 10H Homesite Val Total
31 Res imp on 10
32 Non-res imp on 1-12,15

```

33.5630  
1.0000

1,577  
26,300  
202,260  
22,940

1,812  
22,462  
208,044  
22,940

**SUBTOTAL:**  
**LESS HOMEOWNERS EXEMPTION:**  
**NET TAXABLE PROPERTY VALUE:**

34.5630

253,077

253,077

255,258

255,258

**These values may not include personal property values. Taxes are based on the values shown on this Notice and on the Budgets of the taxing districts.**

## TAXING DISTRICTS

~~DISTRICT~~  
TELEPHONE NUMBER

DATE OF PUBLIC  
BUDGET HEARING

```
0020 COUNTY
0060 CNTY JAIL BOND
9020 SCHOOL #221
9021 SCH BOND DEBT
9060 COUNTY FIRE #1
9023 SCH BOND SUPPLM
9024 SCH EMERGENCY
```

(208) 365-4561  
(208) 365-4561  
(208) 365-6301  
(208) 365-6301  
(208) 365-2012  
(208) 365-6301  
(208) 365-6301

|         |        |
|---------|--------|
| 8/26/13 | 6:30PM |
| 8/26/13 | 6:30PM |
| 6/13/13 | 7:00PM |
| 6/13/13 | 7:00PM |
| 8/08/13 | 7:00PM |
| 6/13/13 | 7:00PM |
| 6/13/13 | 7:00PM |

**THIS IS NOT A BILL. DO NOT PAY.**

0000275

See the back of this Notice for details

ASNT-2013

**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: 39576**

Ident. Number 65-23555

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) James R. Cardelli and Nancy White Phone (208) 365-3593

Mailing Address P.O. Box 877 Emmett ID Zip 83617  
Street or Box City State

2. Date of Priority: (Only one per claim) 12/02/2003  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other ☐ (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_

4. Location of Point of Diversion is: Township 7N, Range 1W, Section 16,  
SE 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM., County of Gem;  
Parcel (PIN) no. RP00420834

Additional points of diversion if any: \_\_\_\_\_

If available, GPS coordinates: \_\_\_\_\_

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, submersible pump, pipe to pressure tank, then distributed throughout  
home and yard.

6. 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 0.04 cfs ☒ or AFY ☐

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 0.04 cfs ☒ or AFY ☐

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic - 1 residence/household

9. Location of Place of Use is: Township 7N, Range 1W, Section 16,  
SE 1/4 of SE 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. \_\_\_\_\_  
for (Check One) **Domestic** ☒ **Stock** ☐ **Domestic and Stock** ☐ If different than shown in Item 4

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

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

11. 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.

12. Describe any other water rights used at the same place and for the same purposes as described above.

None ( ) \_\_\_\_\_

13. Remarks:

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 ☐ wish to receive do not ☒ 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) James R. Cardell Date: 9/3/13

Nancy White Date: 9/3/13

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 \_\_\_\_\_

16. Notice of Appearance:

Notice is hereby given that I, \_\_\_\_\_, will be acting as attorney at law of 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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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