

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 95-13425Date Received: 1/15/2010Receipt No: NO 23416Received By: RECEIVED *KJ*

NOTICE OF CLAIM TO A WATER RIGHT

JAN 15 2010

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

IDWR / NORTH

1. Name of Claimant(s) Kenneth S. Nichols and/or Jodie Nichols Phone (208) 762 9102Mailing Address 2830 E. Point Hayden Dr Hayden Lake ID Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) June 26, 2006
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 S1N, Range 6W, Section 13,
NW 1/4 of NW 1/4, or Govt. Lot 2 BM. County of _____;
Parcel (PIN) no. S1N06W133100

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 - 280 ft deep

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 01/01 to 12/31 amount 0.04 cfs () or AFY ()For Stockwater purposes from 01/01 to 12/31 amount 0.027. Total Quantity claimed 0.06 cfs () or AFY ()

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

Stockwater and Number of livestock) _____

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9. Location of Place of Use is: Township 51N, Range 6W, Section 13,
N2W 1/4 of NW 1/4, Govt. Lot 2 BM. Parcel (PIN) no. 51N06W133100
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? Kootenai

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.

_____ or 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 notices 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: 3

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) Gemma L. Nichol Date: 1/15/10

Date: _____

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.

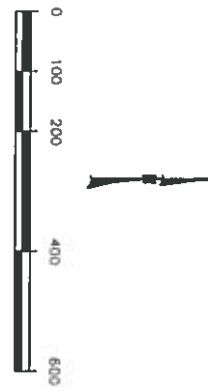
Signature _____

Address _____

Date _____

Last Name _____ Identification No. _____

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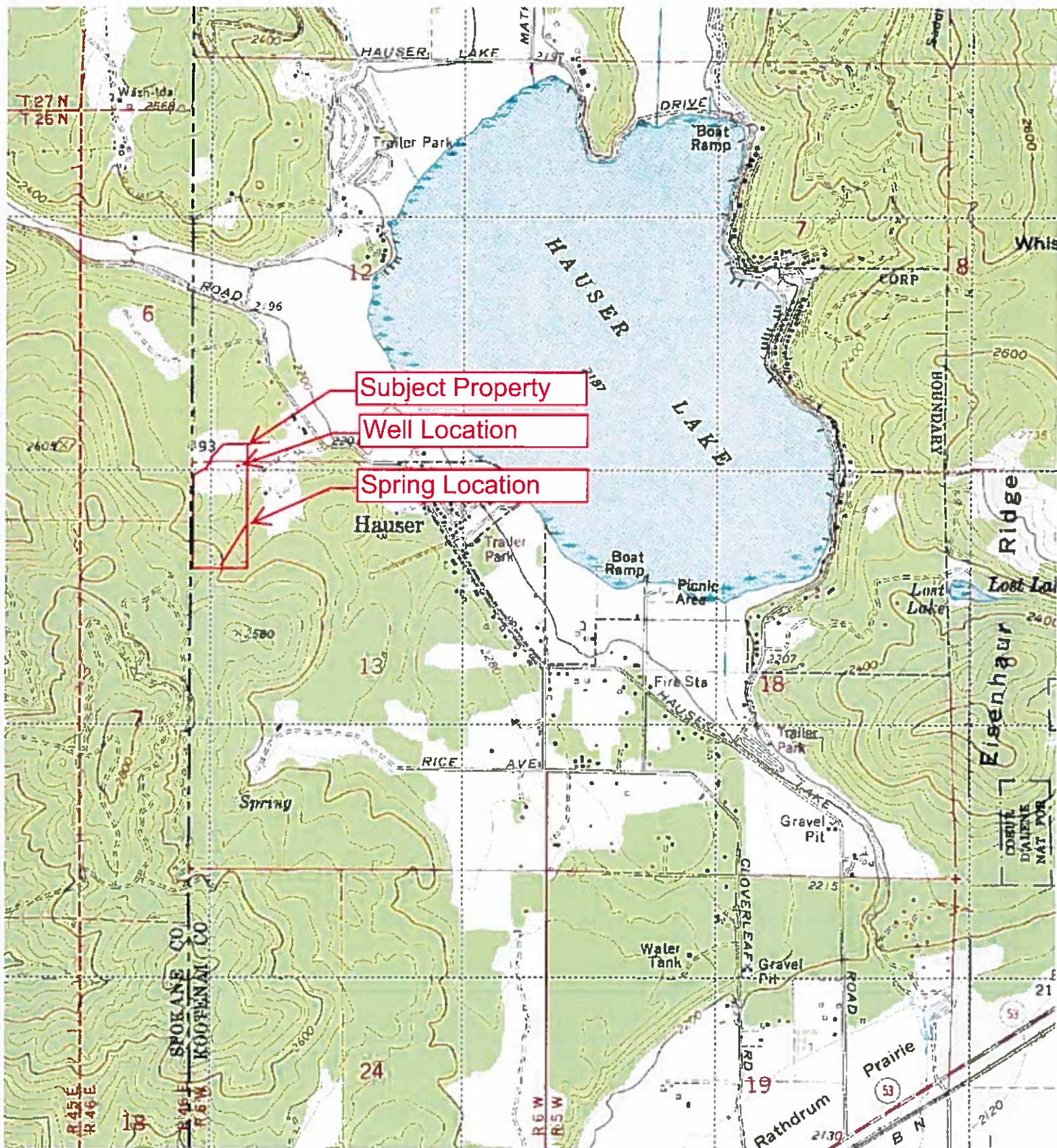


Well

Spring

TOOTHMAN-ORTON ENGINEERING CO.
ENGINEERS • SURVEYORS • PLANNERS
9777 CHANDLER BOULEVARD • BOISE, IDAHO 83714-2008
PHONE: 208-323-2288 • FAX: 208-323-2399
E-FILE: find find find 10-21-2006 DDE 10/21/06 JRS 05/06

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WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long
:	:	:	:

1. WELL TAG NO. D0044909Drilling Permit No. 840356

Other IDWR No. _____

2. OWNER

Name Ken NicholsAddress 3010 E. PointCity Hayden State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

W	E	S	N	Twp. 51	☒ North or ☐ South
				Rge. 6	☐ East or ☒ West
				Sec. 13	SE 1/4 SE 1/4 1/4
Gov't Lot _____				County <u>KOOTENAI</u>	
Lat: : : Long: : :					

Address of Well Site S. Waterford Loop East
City Hauser

(Give at least name of road + Distance to Road or Landmark)

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	0	75	1100	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 108Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-5	280	SCH40	PVC	☐	☒	☐	☐
6	+2	108	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☒ Perforations Method Skill Saw
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
245	280	1/8x6	100	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

52 ft. below ground Artesian pressure _____ lb.

Depth flow encountere _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30			.5HR

Water Temp. cold Bottom Hole Temp cold

Water Quality test or comments: clear

Depth first Water encountered 200

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
8	0	2	Top Soil	☐	☒	
8	2	21	Sandy Loam	☐	☒	
8	21	47	Sand with some gravels	☐	☒	
8	47	88	sand with clay	☐	☒	
8	88	108	Gravels with Clay	☐	☒	
6	108	195	Granite	☐	☒	
6	195	205	Granite	☒	☐	
6	205	242	Granite	☐	☒	
6	242	280	Granite	☒	☐	

RECEIVED
 JUN 29 2006
 IDWR/North

Completed Depth 280 (Measurable)
 Date: Started 6/23/2006 Completed 6/26/2006

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448Firm Official Todd Morgan Date 6-28-06

and

Supervisor or Operator Todd Morgan Date 06/27/06

Todd Morgan

(Sign Once if Firm Official and Operator)

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 JAN 15 2010

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