

# 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 95-11135Date Received: 6-2-09Receipt No: N020794Received By: Ida

## 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

RECEIVED

JUN 02 2009

IDWR / NORTH

1. Name of Claimant(s) Scott & Letana Lickfold Phone (208) 683-3902Mailing Address 14069 Twete Rd ATHol Ida Zip 83801  
Street or Box City State2. Date of Priority: (Only one per claim) July-18-1993  
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 53, Range 2, Section 17  
NW 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Kootenai \_\_\_\_\_

Parcel (PIN) no. \_\_\_\_\_

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 with pump 1 1/4 pipe to holding tank going to house and barn.

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

For Domestic purposes from January 1 to Dec 31 amount 0.06 cfs (X) or AFY ( )For Stockwater purposes from Jan 1 to Dec 31 amount 0.027. Total Quantity claimed 0.06 cfs (X) or AFY ( )

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

Stockwater and Number of livestock) DomesticStockwater Horses - 2 chickens - 12 pigs - 2

SCANNED

JUN - 2 2009

9. Location of Place of Use is: Township 53, Range 2, Section 17,  
NW 1/4 of SE 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. \_\_\_\_\_

If different than shown in Item 4

for (Check One) Domestic ( ) Stock ( ) Domestic and Stock (X)

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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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) Scott Seiford Date: 6-2-09

\_\_\_\_\_ 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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JUN - 2 2009

### Ball Point Pen

AUG 30 1993

## 10. WELL TESTS:

Department of Water Resources

**NORTHERN REGION**

Name Scott Le'tang Lickfold

Address 13809 Twete RD

City Athol State Id Zip 83801

Sketch map location must agree with written location.


 T. 53 North ☒ or South ☐  
 E. 2 East ☐ or West ☒  
 Sec. 17 1/4 NW 1/4 SE 1/4  
 Gov't Lot \_\_\_\_\_ County Kootenai

Address of Well Site Tweet RD

(Give at least Direction + Distance to Road or Landmark)

Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_ Subd. Name \_\_\_\_\_

☒ Domestic    ☐ Municipal    ☐ Monitor    ☐ Irrigation  
☐ Thermal    ☐ Injection    ☐ Other

☒ New Well    ☐ Modify or Repair    ☐ Replacement    ☐ Abandonment

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

| SEAL/FILTER PACK |      |    | AMOUNT          | METHOD |
|------------------|------|----|-----------------|--------|
| Material         | From | To | Sacks or Pounds |        |
| Bentonite        | 0    | 34 | 11              |        |
|                  |      |    |                 |        |
|                  |      |    |                 |        |
|                  |      |    |                 |        |

Was drive shoe seal tested? ☒ YES ☐ NO How? Air Pressure

| Diameter | From  | To  | Gauge | Casting | Liner | Steel                    | Plastic                  | Welded                   | Threaded                 |
|----------|-------|-----|-------|---------|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6"       | 1 1/2 | 34  | 250   | X       |       | X                        | <input type="checkbox"/> | X                        | <input type="checkbox"/> |
| 4"       | - 8   | 227 | 160   |         | 220   | <input type="checkbox"/> | X                        | X                        | <input type="checkbox"/> |
|          |       |     |       |         |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |       |     |       |         |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoes 34'

Top Packer or Headpipe \_\_\_\_\_ Bottom Tailpipe \_\_\_\_\_

☒ Perforations      Method \_\_\_\_\_  
☐ Screens      Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To  | Slot Size | Number | Diameter | Tel./Pipe Size | Casting                  | Line                                |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 1877 | 227 | 1/4" x 6" | 80     | 4"       |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|      |     |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/>            |
|      |     |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/>            |
|      |     |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/>            |

NW SE 17 53N 2W

## 10. WELL TESTS:

☐ Pump    ☐ Bailer    ☒ Air    ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Depth | Time |
|-----------------|----------|---------------|------|
| 40 GPM          |          |               |      |
|                 |          |               |      |
|                 |          |               |      |
|                 |          |               |      |

Temperature of water cold Was a water analysis done? Yes ☐ No ☒

By whom? \_\_\_\_\_

Water Quality (odor, etc.) Good

Bottom Hole Temperature

24' ft. below surface Depth artesian flow found

Artesian pressure      lb. Describe access port

**Describe Controlling Devices:**

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

[illegible]

### 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 AQUA DRILLING & EXPLORATION INC. Firm No. 163

ADK  
Firm Official Scott W. Brumby Date 7-18-93

and  
Supervisor or Operator Scott M. Baum Date

(Sign once if Firm Official & Operator)

**FORWARD WHITE COPY TO WATER RESOURCES**