

02/09/2018

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APR 02 2018

DEPARTMENT OF  
WATER RESOURCES

NOTICE OF ERROR  
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 30, 2018

Water right number: 95-12567

RANDALL NICHOLS  
8175 E FERNAN LAKE RD  
COEUR D ALENE ID 83814  
Telephone Number: 2086606913

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

This irrigation spring has been in use since 1960.

2. Describe the changes you wish to make in the proposed recommendation:

- No fish pond.

- One acre irrigation ONLY

3. Give a brief explanation as to why you disagree with these portions:

I AGREE with this proposed recommendation: no changes need to be made.

DATE:

3/29/18

SIGNATURE:



Please print your name:

Randall J. Nichols

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D ALENE, ID 83815-7763, (208) 762-2800

**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      49576  
NUMBER:  
Ident. Number:   95-12568  
Date Received: \_\_\_\_\_  
Receipt No.:****NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW****1. Name of Claimant(s):**

| Name            | Address               | City          | State | Country | Postal Code |
|-----------------|-----------------------|---------------|-------|---------|-------------|
| RANDALL NICHOLS | 8175 E FERNAN LAKE RD | COEUR D'ALENE | ID    | USA     | 83814       |

**2. Date of Priority:**

| Date     | Explanation        |
|----------|--------------------|
| 6/1/1987 | purchased property |

**3. Source:**

| Source | Tributary    | Type |
|--------|--------------|------|
| SPRING | FERNAN CREEK |      |

**4. Point Of Diversion:**

| Township | Range | Section | Gov Lot | QQ | Q  | County   |
|----------|-------|---------|---------|----|----|----------|
| 50N      | 03W   | 15      |         | NW | NW | KOOTENAI |

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

| Water Use  | Number Of Homes | Stock | Description                             |
|------------|-----------------|-------|-----------------------------------------|
| IRRIGATION | -               | -     | pond, irrigation, fire protection, fish |

**6. Season(s) of Use:**

| Water Use  | From Month/Day | To Month/Day |
|------------|----------------|--------------|
| IRRIGATION | 3 / 15         | 11 / 15      |

**7. Quantity:**

| Water Use  | CFS   | AF   | KW  |
|------------|-------|------|-----|
| IRRIGATION | 0.050 | 0.00 | 0.0 |

**Totals:**

| CFS   | AF   | KW |
|-------|------|----|
| 0.050 | 0.00 |    |

**8. Place of Use:**

| Water Use  | Total Claimed Acreage |
|------------|-----------------------|
| IRRIGATION | 4.7                   |

| Water Use  | Township | Range | Section | QQ | Q  | County   | Gov Lot | Acreage |
|------------|----------|-------|---------|----|----|----------|---------|---------|
| IRRIGATION | 50N      | 03W   | 10      | SW | SW | KOOTENAI | -       | 0.1     |
| IRRIGATION | 50N      | 03W   | 15      | NW | NW | KOOTENAI | -       | 5       |

**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): \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ 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 \_\_\_\_\_

Please print name

# 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 \_\_\_\_\_

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

RECEIVED

APR 02 2018

DEPARTMENT OF  
WATER RESOURCES1. Name of Claimant(s) RANDALL J NICHOLS Phone (208) 660-6913Mailing Address 8175 E FERNAN LAKE RD COA ID Zip 83814  
Street or Box City State2. Date of Priority: (Only one per claim) 1/1/1987  
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other (X) (a) unnamed spring  
SPRING, Fernan Creek  
which is tributary to (b) Fernan Creek4. Location of Point of Diversion is: Township 50N, Range 3W, Section 15,  
N 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Kootenai;Parcel (PIN) no. 50N03W-15-3100

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.

WellSpring, 5'x4' concrete basin, pump, 2" line

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

For Domestic purposes from Jan 1 to Dec 31 amount 0.04 cfs (X) or AFY ( )For Irrigation purposes from Mar 1 to Nov 1 amount 0.07 cfs (X) or AFY ( )

7. Total Quantity claimed \_\_\_\_\_ 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 household1 acre irrigated pond - 50' x 75'

gpm

9. Location of Place of Use is: Township 50N, Range 3W, Section 15,

N 1/4 of NW 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. \_\_\_\_\_  
If different than shown in Item 4

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

Additional places of use, if any J, H, E

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: \_\_\_\_\_

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) [Signature] Date: \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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