

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

Claim ID: _____

Date Received: _____

Receipt No: _____

Claim Fee: _____ 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

MAY 28 2019

DEPARTMENT OF
WATER RESOURCES

Please type or print clearly

1. Name of claimant(s) Nicholas J. Mechikoff, II and Julie R. Mechikoff Phone (208) 916-6255
 Mailing address 805 E. Brunner Road, Athol, Idaho Zip 83801
Street or Box City State
 Email address (optional) office@poormanlegal.com
2. Date of priority: (Only one per claim) July 24, 2001 (Explain priority date selected in Remarks)
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 53N, Range 04W, Section 25,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Kootenai;
 Parcel no. 53N04W-25-8650
 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.
See attached Well Driller's Report. Well supplies 1,500 gallon cistern that feeds to a pressure tank for one (1) existing residence. Claimants intend to subdivide parcel into 2 5-acre parcels and share the well.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For _____	Domestic	purposes from	Month/Day	to	Month/Day	cfs (✓) or AFY ()
			01/01		12/31	0.02
For _____ purposes from _____ to _____ amount _____						
7. Total quantity claimed 0.02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

9. Location of place of use is: Township 53N, Range 04W, Section 25,
SW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. 53N04W-25-8650
If different than shown in Item 4
for (check one) **Domestic** (☒) **Stock** (☐) **Domestic and Stock** (☐)

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 (include an explanation of the priority date selected):
See attached Well Driller's Report. Water from well has been used since well was drilled and developed in July
of 2001. See attached Warranty Deed vesting title to Claimants.

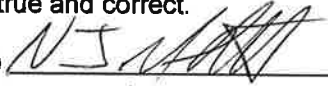
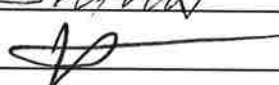
14. Basis of claim (check one) **Beneficial Use** (☒) **Posted Notice** (☐) **License** (☐) **Permit** (☐) **Decree** (☐)
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

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 Water System 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: 2

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: 5/13/2019
 Date: 5/14/2019

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) Scott L. Poorman, will be acting as attorney at law of behalf on 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 5-22-19

Address 320 E. Neider Ave., Suite 204, Coeur d'Alene, ID 83801 Email: office@poormanlegal.com

Name of claimant(s) Nicholas J. Mechikoff, II and Julie R. Mechikoff Claim ID _____