

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 PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-10826

Date Received: 6/11/19

Receipt No: N034821

Claim Fee: \$2500 By: LH

RECEIVED

JUN 11 2019

DEPT. OF WATER RESOURCES

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

Please type or print clearly

- Name of claimant(s) N: J Niehen Ke Family Trust Phone (208) 883-9686
Mailing address 3125 Highway 95 S Moscow ID Zip 83843
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 8-18-94 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 39 N, Range 5 W, Section 30,
SW 1/4 of SW 1/4, or Govt. Lot # 4 BM, County of Latah,
Parcel no. RP 39 N05 W 30 6 31 5 A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 pump & pipeline
- 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 .02 cfs (X) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .02 cfs (X) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic 1 home single family

9. Location of place of use is: Township 39 N, Range 5 W, Section 30,
SW 1/4 of SW 1/4, Govt. Lot 4 BM, Parcel no. RP 39 N 05 W 30 6 3 15 A
If different than shown in Item 4
for (check one) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes (V) 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.
additional well or None ()

13. Remarks (include an explanation of the priority date selected):

I used the date the water passed inspection per
suggestion of Doug Jones IDWR

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 Palouse River Basin Water System 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: 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: _____

Date: _____

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

trustee of N: J Nischenke Family Trust,
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 Norbert Nischenke Date 6/11/19

Printed Name of Authorized Agent Norbert H. Nischenke

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, 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 _____

Address _____

Name of claimant(s) _____ Claim ID _____

N: J Nichen Ke Family Trust
Parcel # RP 39 N 05 W 306315 A

State of Idaho, Department of Health and Welfare
Bureau of Laboratories - Lewiston Branch Lab
215 10th Street, Lewiston, Idaho 83501
DRINKING WATER COLIFORM BACTERIA ANALYSIS REPORT (PRIVATE)

LAB: LEWISTON, Phone: (208) 799-5039
Branch Laboratory Supervisor, Bacteriology: Marvin Entze

EARL WITT
2019 POWERS AVE
LEWISTON, ID 83501

Tracking Number: 20894-2946/
(Please Refer to this Tracking Number on any communications)

PWS Number:
Water System: DUANE ANDREWS
Sample Location: WELL
County: LATAH
Collected by: EARL WITT
Sample Type: Routine Sample - S

Date Collected: 08/17/94 Date Received in Lab: 08/17/94
Time Collected: 12:00 Time Received in Lab: 03:50

Copy Sent To: NCDHD, ENVIRONMENTAL DIVISION

**TEST
CODE**

RESULTS

COMPLETED

WMMO TOTAL COLIFORM

ABSENT

08/18/94

Computer File #: 56934		SEWAGE PERMIT		Fee Paid: 90.00	
Permit #: MA5-29				Receipt #: 50651	
EHS #: 37		Travel Time: 1		Jurisdiction: 29	
Date: 9-20-94		Insp. Time: 1			
NAME: Duane Andrews		MAILING ADDRESS: 914 E. F Street			
PHONE: 882-4375		STREET/P O BOX			
LEGAL DESCRIPTION		CITY: MOSLOW STATE: ID ZIP: 83843			
1/4 SEC SECTION 30 TOWNSHIP 39N RANGE 5W		DIRECTIONS TO PROPERTY:			
LOT BLOCK SUBDIVISION					
PARCEL # (from Tax Assessor's Office)		WATER SUPPLY:			
LOT SIZE: (acres) 10		☐ Public ☒ Private ☒ Well ☐ Spring			

TYPE OF DWELLING		TYPE OF INSTALLATION		TYPE OF DISPOSAL SYSTEM:	
☒ Single Family ☐ Multiple Family 2 # Bedrooms		☒ New ☐ Replacement		☒ Drainfield 600	
☐ Commercial Other		SOIL TYPE: C-1		☐ Basic Alternative	
				☐ Complex Alternative	

Tank Size: 1000 gal.	Type of Tank	Riser (Yes/No)	Depth to Riser	ft.
Distance from septic tank to: Dwelling Foundation: 5 ft.	Disposal Area: 6 ft.	Nearest Well: 50 ft.		
Disposal Area: Effective Area Required: 600 sq.ft.	Dimensions	ft.	Distance to: Surface Water: 50 ft.	
Property Lines: Front 5 ft. Back 5 ft. Side 5 ft.	Dwelling Foundation: 10 ft.	Nearest Well: 100 ft.		

Remarks _____

The information provided on this application is accurate to the best of my knowledge. I understand that any false statements may result in disapproval of this permit. The subsurface sewage disposal installation must be constructed by the homeowner or a sewer installer, Section 1-3006.01 - 1-3007.01.

Owner ☒ I hereby authorize the health authority to have access to this property for the purpose of performing the requested services and I certify that all the above information is accurate.

Contractor _____
Other _____
APPLICANT SIGNATURE **Duane Andrews** DATE **9/20/94**

PERMIT ISSUED BY **Rickard Gabriel** DATE: **9-20-94**

FINAL INSPECTION					
Tank Size: _____ gal.	Type of Tank	Riser Yes/No	Depth to Riser	ft.	
Distance from septic tank to: Dwelling Foundation: _____ ft.	Disposal Area: _____ ft.	Nearest Well: _____ ft.			
Disposal Area: Effective Area: _____ sq.ft.	Dimensions	ft.	Distance from Disp. Area to: Surface Water	ft.	
Property Lines: Front _____ ft. Back _____ ft. Side _____ ft.	Dwelling Foundation: _____ ft.	Nearest Well: _____ ft.			
Approved _____	Not Approved _____	Date: _____	Inspected By: _____	Installer: _____	

REMARKS _____

CALL FOR AN INSPECTION PRIOR TO BACKFILLING

APPROVED PLANS

AS BUILT PLANS

Please Note: After issuance a permit shall become invalid if the construction is not completed within one (1) year of the date of issuance. Refer to the back of this sheet for information on maintenance of individual sewage systems.