

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: 87-10848

Date Received: 5-15-2019

Receipt No: X1034449

Claim Fee: 25.00 By: HW

RECEIVED

MAY 15 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

1. Name of claimant(s) Harold A Nelson Phone (208) 668-1139
Mailing address 1010 Evergreen Road DeSmet ID Zip 83824-9423
Street or Box City State
Email address (optional) haidnelson@gmail.com
2. Date of priority: (Only one per claim) 1906 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____
4. Location of point of diversion is: Township 43 N, Range 6 W, Section 25,
SE 1/4 of SW 1/4, or Govt. Lot 4 BM, County of Latah
Parcel no. RP43N06W255455A
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 piped to home
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For domestic purposes from 1-1 Month/Day to 12-31 Month/Day amount .04 cfs (X) or AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed .04 cfs (X) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
domestic use 1 home 1 shop

9. Location of place of use is: Township 43N, Range 6W, Section 25,

SE 1/4 of SW 1/4, Govt. Lot 4 BM, Parcel no. _____
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 (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 (include an explanation of the priority date selected):

date original home was built and original well was put to use.
original well replaced with new well in 1973

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: one

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) Arnold Nelson Date: 05-15-2019

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

_____ 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) _____, 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 _____

[illegible]

☐ Pump ☐ Bailer ☐ Other**Hours Pumped**

9. LITHOLOGIC LOG

Municipal ☐ **Industrial** ☐ **Stock** ☐ **Waste Disposal or Injection**

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No

0	80	Brown Clay Hard		
80	215	Hard Basalt Rock	X	

Coating schedule: ☐ Steel ☐ Concrete

Thickness		Diameter		From		To		
_____	inches	_____	inches	+	_____	feet	_____	feet
_____	inches	_____	inches		_____	feet	_____	feet
_____	inches	_____	inches		_____	feet	_____	feet
_____	inches	_____	inches		_____	feet	_____	feet
_____	inches	_____	inches		_____	feet	_____	feet

Was casing drive shoe used? ☐ Yes ☒ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Vell screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter ____ Slot size ____ Set from ____ feet to ____ feet

Diameter ____ Slot size ____ Set from ____ feet to ____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel 3

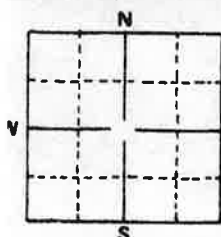
Placed from _____ feet to _____ feet

surface seal depth _____ Material used in seal ☐ Cement grout

☒ Puddling clay ☐ Well cuttingsSealing procedure used ☐ Shrinky air ☐ Temporary surface coating☐ Overhead to cool ducts

LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

board met

Lot No. 11 Block No. 1

County Letah

1/4 1/4 Sec. 25, T. 43 N/S, R. 6 E/W

10.

Work started 8-10-77 finished 8-14-77

81. DRILLERS CERTIFICATION

Firm Name Canaan d'Almeida De Vito Firm No. 304

Address P.O. Box 237 Date 11-13-79

Signed by (Firm Official) _____

and

(Signature)

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT