

**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: 87-11697
Date Received: 8-21-19
Receipt No: N035429
Claim Fee: \$25.00 By: NS

RECEIVED

AUG 21 2019

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Nelson, Harold Trustees (see Item No. 13) Phone (____) _____
Mailing address 545 N Garden Plz Apt 356, Post Falls, ID Zip 83854-6496
Street or Box _____ City _____ State _____
Email address (optional) _____
2. Date of priority: (Only one per claim) 1910 (see Item No. 13) (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 40N, Range 06W, Section 36,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Latah;
Parcel no. RP40N06W361216A
Additional points of diversion, if any: _____
If available, GPS coordinates: 46 46' 05" N; 117 01' 42" W
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.
6-inch well (no recorded well driller's report); total depth 197 feet; 1.5 HP submersible pump set at 160 feet depth
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For _____ Domestic _____ purposes from 01/01 to 12/31 amount 0.04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic, one home

9. Location of place of use is: Township 40N, Range 06W, Section 36,
SW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. RP40N06W361216A

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? Latah

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):

1. Nelson, Harold Trustees & Nelson, Geraldine & Nelson Revocable Trust

2. Per Latah County Assessor records, home was built in 1910 (month and date not specified)

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 Palouse 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: 3

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) Geraldine Nelson, Trustee Date: 20-8-19

_____ 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 _____

8/14/19

PMO100 - PARCEL MASTER INQUIRY

08:28:49

PARCEL: RP 40N06W361216 A

F17=DD

F12=RC

F23=AG

NELSON, HAROLD TRUSTEES
& NELSON, GERALDINE
& NELSON REVOCABLE TRUST

*TREND - S 1/2 NE; S 7.58 AC LOT 2;
S 29 AC SENW; E 1/2 SW;
9.6 AC LOT 3; 9.53 AC LOT 4; +

545 N GARDEN PLZ APT 356

CODE AREA 40-0000 OWNER CD

PARC TYPE LOC CODE 2810

POST FALLS ID 83854

EFFDATE 2161982 EXPDATE

1423 O'DONNELL RD

83843

PREV PARCEL

CAT/ST#	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
3 1	2017	342850	AC	302394				
10 1	2017	1000	AC	59500				
19 1	2017	1780	AC					
31 1	2017			128613				
TOTALS		345630		493707				

ENTER NEXT PARCEL NUMBER RP A

FKeys: F2=TX F3=Exit F5=SS F6=NM F7=LG
F8=CT F13=TM F18=HS F20=SrcH F22=EU

Parcel # RP 40N06W361216 A
Township 40N
Range 6W
Section 36

S 1/2 NE 1/4

IDAHO RESIDENTIAL PROPERTY RECORD
Inquiry

Screen 1

Parcel No RP 40N06W361216 A Sheet No 1 of 1
Property address 1423 O'DONNELL RD 83843
Other improvements only?
Inspected by RWLK Date 2/01/2017 Review year 2017
Purchase price _____ Date _____
Monthly rent _____ Date _____
Multiple addresses/rents? N
Class 3 Manual used 3
Use code 3117 2005 Oregon Manual
No of units 1 Sketch stored
Market grade 3 Photo stored
Year built 1910 HO applies
Year remodeled _____ Exempt sheet
Eff age/year / 1950 Prebuilt
Shape code B Building permit
Date occupied _____ Under construction

Land data to view? N

F2=Start F3=Exit F4=Inv F5=OI



Invoice

№ 001977

GRANGE SUPPLY COMPANY, INC.

355 NW State St.
Pullman, WA 99163
(509) 332-2511 FAX: (509) 332-4481

Customer No. 1046-227
Idaho
Washington

WELL & PUMP DIVISION

Name: Harold Nelson Work at: Fred's

Address: 1423 O'DONELL RD MOSCOW, ID

Phone: (H) - () (W) - ()

Directions to job site: _____

Payment Method: Check No. _____ Acct No. 1046-227 Visa/MC# _____

Description of work completed: Repair/Replace pump/Install filter

Location of well head: _____

Location of Pump House: _____

Materials:

30' Fittings	27.90	6" Well Seal	39.98	1.5HP Control bx	88.46	106
ELEC Fittings	20.60	Pitless Ad	88.46	2 Torque ar	18.60	
Capacitor	22.47	6" Tank Tee	48.00	1" COP Pipe	6.70	
LOP Fittings	40.79	Pres. Swr	4.95	1 1/2" Pipe	248.00	
1.5HP Pump	48.00	2 Ba. Valves	43.26	welding	100.00	
6" Tank	117.00	Filter	57.52	chk Vlv	25.00	
10/3 Wire		Relief Vlv		Misc. Mat	17.97	

Pump description/Model #: 10515-21 1 1/2HP 1ph

Pump Set Depth: 110'

Water Level: 197' depth 75' static

Installation Date: 25 APR 01

Service Date: _____

Is Job Finished?: ☒ Yes ☐ No

Materials List Attached: ☒ Yes ☐ No

Materials: \$ 2051.82
Labor: \$ 412.50
Mileage: \$ _____
Truck: \$ 82.50
Sub: \$ 2,546.82
Tax: \$ 102.51
3% Bank Card Fee: \$ _____
TOTAL: \$ 2,649.40

I do hereby acknowledge the satisfactory completion of all work describe and agree to pay in full the total amount charged.

Customer's Signature Geraldine Nelson

White - Customer

Carbon - Computer

Pink - Office

Gold - Customer