

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: 87-11829Date Received: 8-28-19Receipt No: N035486Claim Fee: \$2500 By: JL

RECEIVED

AUG 28 2019

IDWR / NORTH

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) SHERRY L NYGAARD Phone (208) 926-4149
Mailing address 9133 HIGHWAY 12 KOOSKIA ID 83539
Street or Box City State Zip
Email address (optional) _____
- Date of priority: (Only one per claim) 8/13/1991 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 41N, Range 05W, Section 3,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RP41N05W037363
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 WITH PIPELINE TO HOME
- 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 to 12/31 amount 0.04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 41N, Range 05W, Section 3,
NW 1/4 of SE 1/4, Govt. Lot _____, BM, Parcel no. SAME

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):

DATE WELL COMPLETED AND WATER PUT TO BENEFICIAL USE

PLEASE CALL LARRY BRITT IF THERE ARE ANY QUESTIONS (208) 596-9642

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: 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) Armen G. G. G. G. Date: 8-26-20

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:

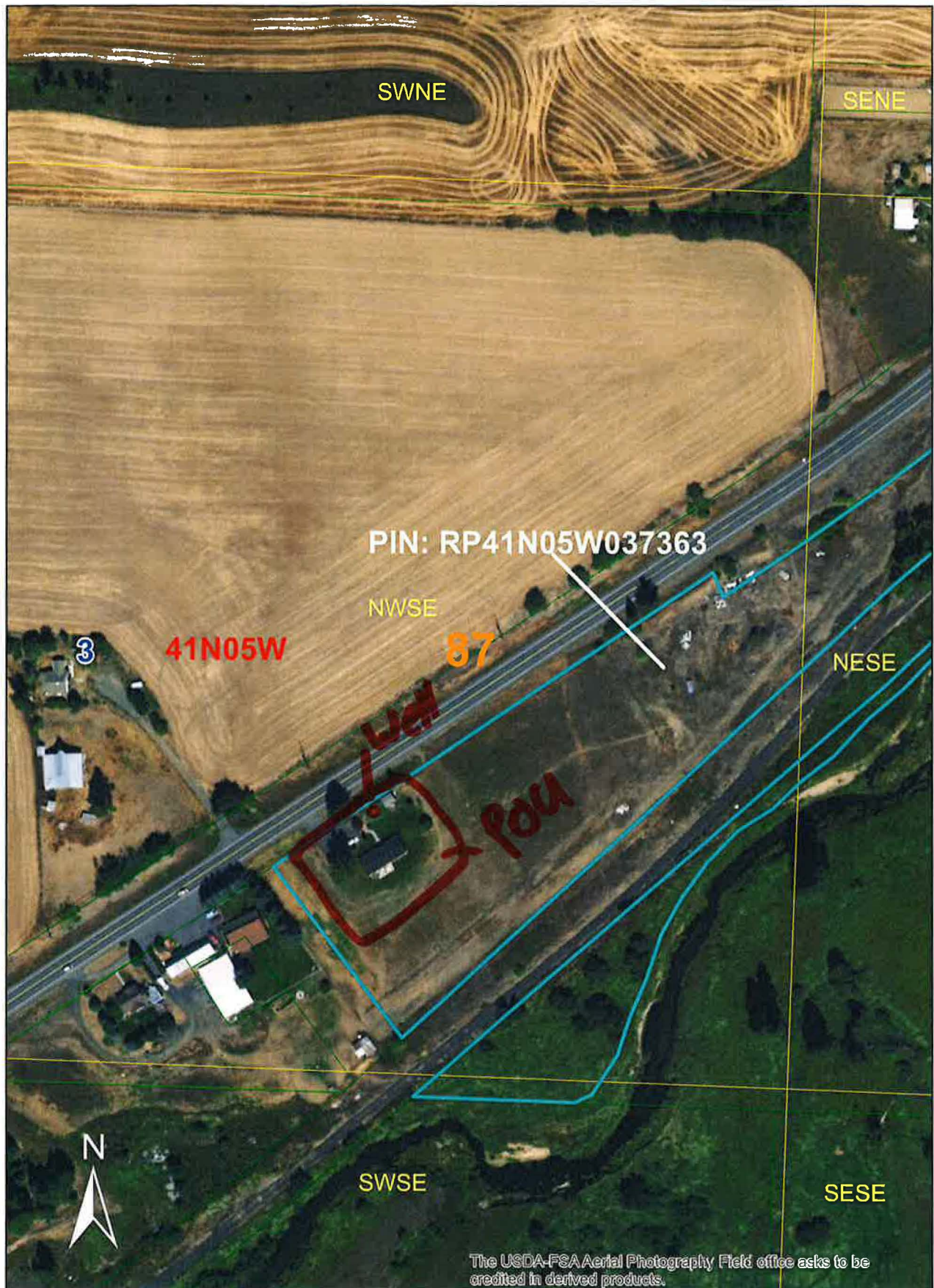
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

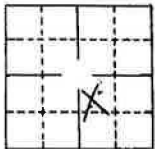
Address _____

Name of claimant(s) SHERRY L NYGAARD Claim ID

PARCEL LOCATION FOR PRBA CLAIM



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Larry Britt</u> Address <u>Box 228 Pocatello, ID 83855</u> Owner's Permit No. <u>87-91-N-10</u>		7. WATER LEVEL Static water level <u>25'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ <i>Describe artesian or temperature zones below.</i>																																									
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>40 G.P.M. AIR TEST</u>																																									
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>1</td><td>Soil</td><td></td><td></td></tr><tr><td>8 1/4</td><td>1</td><td>13</td><td>Clay - Mud</td><td></td><td></td></tr><tr><td>6</td><td>13</td><td>150</td><td>Basalt - Dry - Mud</td><td></td><td></td></tr><tr><td>6</td><td>150</td><td>160</td><td>Basalt - Dry - Mud</td><td></td><td></td></tr><tr><td>6</td><td>160</td><td>165</td><td>Basalt - Dry - Mud</td><td></td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	1	Soil			8 1/4	1	13	Clay - Mud			6	13	150	Basalt - Dry - Mud			6	150	160	Basalt - Dry - Mud			6	160	165	Basalt - Dry - Mud		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED SEP 06 1991 Department of Water Resources																																									
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>8</u> inches</td><td><u>1</u> feet</td><td><u>20</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> 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 Well 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 _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>250</u> inches	<u>8</u> inches	<u>1</u> feet	<u>20</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																				
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6. LOCATION OF WELL Sketch map location must agree with written description.  Subdivision Name _____ Lot No: _____ Block No. _____ County <u>LATAH</u> <u>NW 1/4 SE 1/4 Sec. 3 T. 41 N. R. 5 E</u>		10. Work started <u>8-12-91</u> finished <u>8-13-91</u>																																									
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. McPHERSON & WRIGHT DRILLING Firm Name <u>2246 S. 2nd</u> Firm No. <u>376</u> Address <u>Pocatello, Idaho 83801</u> Date <u>8-25-91</u> Signed by (Firm Official) <u>Ray McPherson</u> and (Operator) <u>Carl Wright</u>																																											