

**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 CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 69576

Claim ID: 97-9354

Date Received: 5-13-22

Receipt No: NO 391604

Claim Fee: 2500 By: NS

RECEIVED

MAY 13 2022

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) GREGORY S. NECHAY Phone (561) 800-5757
Mailing address 6750 SW GAINES AVE. STUART FL Zip 34997
Street or Box City State
Email address (optional) gregnyacht@yahoo.com
2. Date of priority: (Only one per claim) 8-24-1997 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (☒) or Other (☐) (a) WELL 260' DEEP
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 58N, Range 4W, Section 16,
NE 1/4 of NE 1/4, Govt. Lot 25, BM, County of BONNER
Parcel no. RP58N04W160301A
Additional points of diversion, if any: _____
If available, GPS Coordinates 48.38372-116.85517 WELL LOCATION
- b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
GROUND WELL FOR DOMESTIC USE 260' DEEP, 6" CASE

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For SINGLE FAMILY DOMESTIC purposes from 01-01 to 12-31 amount 0.04 or _____

For IRRIGATION purposes from 04-01 to 10-31 amount 0.02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.06 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) _____

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
58N	4W	16			.5					.25	.25			DF		.5			1.5

Parcel no(s). RP58N04W160301A Total number of acres irrigated 1.5

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

11. Do you own the property listed above as place of use? Yes (✓) No ()
If your answer is No, describe in Remarks below the authority you have to claim this water right.

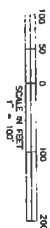
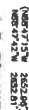
12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (✓)

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

Name of claimant(s) GREGORY S. NECHAY Claim ID _____

FOR LACASSE

3-1/4"
At Cap
P/S 5301



NW1/4
NE1/4
NE1/4

NE1/4
NE1/4
NE1/4

848 42'

SET 5/8" REBAR CAPPED. PLS SEE

FOUND 5/5 MEAS AS NOTED

CALCULATED POINT

CEMENTUM, ROAD/DRIVEWAY

BEARING AND DISTANCE
INSTRUMENT NO. 634369

(NDC 01'47"W 1307 28')
(NDC 01'48"W 1301 78')

14 Poloma
↓
(Lot 25)



120751'15"
64175"

351.64'

$$\begin{array}{r} 10852.31 \\ \hline 351.98 \end{array}$$

500'08'15"E 1297 91
BASE OF ZALING

SUPERVISOR'S CERTIFICATION
I, ROBERT G. BRISTOL, AS AEL STATE OF OHIO,
DO HEREBY CERTIFY THAT THIS DRAWING IS A
TRUE AND CORRECT REPRESENTATION OF A
SALARY MADE BY ME OR UNDER MY DIRECT
SUPERVISION DURING JUNE 2004.



W1/2
SE1/4
NE1/4
NE1/4

E1/2
SE1/4
NE1/4
NE1/4

NOV 10 11 AM

NO 09'37"W

S1/2
SW1/4
NE1/4
NE1/4

ALL DECATUR HIGHWAY ARE BASED ON THE RECORD
BEARING OF N00E015W OF THE EAST LINE OF THE
NORTHEAST QUARTER OF THIS SECTION AS SHOWN IN
THOSE SURVEYS RECORDED AS INSTRUMENT NOS.
294488 AND 880172, RECORDS OF BARREN COUNTY
CLARK.

DATED FEB 7 DAY OF Oct 2028 AT 2028
 DISTRICT OF CO COUNTY OF CO FILE 2028

BOHSEB COUNTY RECORDS

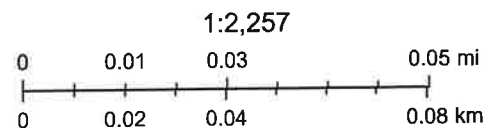
WELCH ENGINEERING, INC., SANDPOINT, ID

Application for Water Right



5/7/2022, 1:06:54 PM Parcel RP58N04W/60301A

- | | | | |
|--|-----------------|--|----------------|
| | Counties | | Township/Range |
| | Quarter Quarter | | Idaho Outline |
| | Section | | Idaho Mask |



Esri, HERE, Garmin, (c) OpenStreetMap contributors, Created by NRCS from 1:24,000 scale USGS topographic maps., Source: Esri, Maxar, Earthstar Geographics, and the GIS User Community, Idaho Department of Water Resources

Greg Nechay

From: Greg Nechay
Sent: Monday, May 9, 2022 11:58 AM
To: Greg Nechay
Subject: 14 POLOMA WELL TAG D0003080



Greg Nechay
Procurement Manager

6800 SW Jack James Dr
Stuart FL 34997
Office: 772-221-9100
Direct: 772-210-0761
Cell: 561-800-5757

Scale: 2 inches equals 1 mile

A 16x16 grid of 256 squares. Each square contains a crosshair pattern of dashed lines, consisting of a horizontal line, a vertical line, and two diagonal lines intersecting at the center. The grid is composed of 16 columns and 16 rows of these squares.

Claim ID _____

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 Clark Fork-Pend Oreille 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: 5-7-2022

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

Agent's title (Please print) _____ of _____
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 on behalf of 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) GREGORY S NECHAY Claim ID _____