

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

Ident. Number: 96-9548

Date Received: 10/14/2022

Receipt No:

N041445

Claim Fee:

\$54.00

Received By:

JA

RECEIVED

OCT 14 2022

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MIKE NUCKOLS
417 LOST CREEK LN
PRIEST RIVER ID 83856

Phone: (208) 265-2496

AND/OR

CAROLYN NUCKOLS
417 LOST CREEK LN
PRIEST RIVER ID 83856

Phone: (208) 265-2496

2. Date of Priority: 6/10/2014

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
55N	04W	16	SW SE		BONNER	

5. Description of diverting works:

SUBMERSIBLE PUMP IN WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
IRRIGATION	04/01	10/31	0.02		8.5

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 8.5 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
55N	04W	16	SW		SE		3.400
							0000
							9536
							7431
							6

Total Acres = 3.40000009536743

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

This right does not grant any right-of-way or easement across the land of another.

This right when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the place of use.

13. Basis of Claim: License

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin 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: _____

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):

Michael J. Neukel
Erica Brunell

Date: 10-14-2022

Date: 10-14-2022