

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 SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A29-04342
Date Received: 9/ 8/1993
Receipt No:
Received By: DC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DAVE PACKER 208-232-8809
Address: PO BOX 4251
POCATELLO ID 83205

OR

Name: PAT PACKER 208-232-8809
Address: PO BOX 4251
POCATELLO ID 83205

2. Date of Priority: JUN 20, 1954

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
11S	36E	23		SE	NW		BANNOCK

5. Description of diverting works:
WELL/PUMP -LINE & SPRINKLER SYSTEM AND TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	11/01	0.200		
DOMESTIC	01/01	12/31	0.040		

7. Total Quantity Appropriated is:
0.240 C.F.S. (and/or) A.F.A.

8. Total consumptive use is 25.0 Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC/ ONE HOME

MICROFILMED

NOV 13 1993

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
11S	36E	23	SE	NW		IRR	10.0

Section Acres 10.0

Total Acres 10.0

11. Place of use in counties: BANNOCK

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: STATUTORY CLAIM

16. 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 Snake River Basin 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: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

[Handwritten Signature]

Date:

9/8/93

Date:

MICROFILMED

NOV 13 1993

60

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MICROFILMED

APR 12 1994

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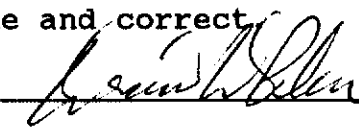
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Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):  Date: 9/8/93

Date: _____

MICROFILMED

APR 12 1994

State of Idaho

County of Bonneville)
) SS.

Subscribed and sworn (or affirmed) before me this 8 day

of Sept 19 93

Alma Carly
Notary Public

Seal

Residing at Heise, Id

My Commission Expires 2/26/96

MICROFILMED

APR 12 1994

A. ROOT WATER RIGHT NUMBERS: A29-04342

B. POU LISTING

TWP	RNG	SEC	1/4	1/4	LOT	NAME	AJ #/ACRES	WR #/ACRES	LANDSAT DATA	FIELD EXAM.	RECOMM. ACRES
11S	36E	23	SE	NW		PACKER, DAVE	A29-04342 / 10.0	29-04342 / 10.0	10.0		10.0
			SE	NW		PACKER, DAVE	A29-12778 / 30.0	- /			
			SE	NW		DAVIS, EDWIN F.		29-00517 /			

ADDITIONAL POU FOUND

TOTAL ACRES	A29-04342	10.00	10.00	10.00
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POU COUNTY: BANNOCK

C. IS WATER USAGE FOUND IN TRACTS OTHER THAN THOSE CLAIMED?

Y() N()

* IF YES, ARE THESE TRACTS LISTED ABOVE (), OR ARE THEY LISTED ON AN ATTACHED SHEET ()

LIST OF ALL RIGHTS WITH A SAME POU AND IRRIGATION USAGE

CLAIM NO.	SOURCE	NAME	DIV. RATE	DIV. RATE/ACRE	DIV. VOL.	DIV. VOL./ACRE
A29-04342	GROUNDWATER	PACKER, DAVE	0.240	0.024		
A29-12778	GROUNDWATER	PACKER, DAVE	0.800	0.020		

NO RIGHTS WITH SAME POU BUT NOT USED FOR IRRIGATION

D. ARE OTHER WATER RIGHTS USED FOR THE SAME PURPOSE?

Y() N()

* IF YES, COMPLETE OVERLAP REVIEW:

OTHER RIGHTS LISTED IN CLAIM:

E. IS THE CLAIMED POU THE SAME AS DESCRIBED IN THE WATER RIGHT FILE?

N/A() Y() N()

* IF NO, AND IF THE CHANGE IS VERIFIED AS AN ACCOMPLISHED CHANGE IN POU, DESCRIBE THE INJURY ANALYSIS PERFORMED AND ENTER FLAG "C" WITH THE APPROPRIATE EXPLANATORY CODE.

F. CAN THE CLAIMED POU BE VERIFIED USING THE WATER RIGHT FILE AND AVAILABLE AERIAL PHOTOS?

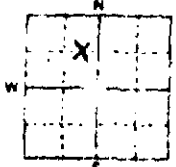
N/A() Y() N()

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Administration
WELL DRILLER'S REPORT

RECEIVED

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Don Crockett</u> Address <u>Downey</u> Contract Permit No. _____	7. WATER LEVEL Static water level <u>98</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature <u>46</u> F. Quality _____ Artesian closed in pressure ☐ Yes ☒ No Controlled by Valve ☐ Cap ☒ Plug																																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replenished ☐ Abandonment (Describe method of abandonment)	8. WELL TEST DATA Pump ☐ Parlor ☒ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td></td> <td><u>5 hrs</u></td> </tr> </tbody> </table>	Discharge G.P.M.	Draw Down	Hours Pumped	<u>100</u>		<u>5 hrs</u>																																									
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (Specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Mole Gauge</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Notes</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>6</td> <td>Top soil</td> <td></td> </tr> <tr> <td>6</td> <td>19</td> <td>19</td> <td>Light clay</td> <td></td> </tr> <tr> <td>19</td> <td>67</td> <td>67</td> <td>Br. clay</td> <td></td> </tr> <tr> <td>67</td> <td>94</td> <td>94</td> <td>Br. sandstone</td> <td></td> </tr> <tr> <td>94</td> <td>108</td> <td>108</td> <td>Clay and gravel</td> <td></td> </tr> <tr> <td>108</td> <td>200</td> <td>200</td> <td>Blue clay</td> <td></td> </tr> <tr> <td>200</td> <td>308</td> <td>308</td> <td>Blue sand</td> <td></td> </tr> <tr> <td>308</td> <td>300</td> <td>300</td> <td>Blue clay</td> <td></td> </tr> </tbody> </table>	Mole Gauge	Depth		Material	Notes	From	To	0	0	6	Top soil		6	19	19	Light clay		19	67	67	Br. clay		67	94	94	Br. sandstone		94	108	108	Clay and gravel		108	200	200	Blue clay		200	308	308	Blue sand		308	300	300	Blue clay	
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Aug ☐ Other _____																																																
5. WELL CONSTRUCTION Diameter of hole <u>8</u> inches Total depth <u>300</u> feet casing schedule ☒ Steel ☐ Concrete <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>3/32</u> inches</td> <td><u>8</u> inches</td> <td><u>1</u> feet</td> <td><u>265</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> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> 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 packing? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>21</u> Material used in seal ☒ Cement grout ☐ Pudding clay ☐ Well cuttings Sealing procedure used ☐ Shrink pit ☐ Temporary surface casing ☒ Overbore to seal depth	Thickness	Diameter	From	To	<u>3/32</u> inches	<u>8</u> inches	<u>1</u> feet	<u>265</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet												
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name <u>13th</u> Lot No. _____ Block No. _____ County <u>Bannock</u> <u>E 1/4 NW 23 T 11 N R 36 W</u>	10. Work started <u>4/19/74</u> finished <u>4/15/74</u> 11. DRILLERS CERTIFICATION Firm Name <u>Northwest A.W. & H.</u> Firm No. <u>54238</u> Address <u>1433 Pershing</u> Date _____ Signed by (Firm Official) <u>Jerry Mitchell</u> and <u>Dean Mitchell</u> (Operator)																																															

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

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FORWARD THE WHITE COPY TO THE DEPARTMENT

WELL LOG AND REPORT TO THE STATE RECLAMATION ENGINEER OF IDAHO

Log No. _____
 Rec. _____ 19____
 Well No. SEP 1 1954
 Department of Reclamation
 Permit No. _____

DO NOT FILL IN

Owner Raymond Davis Driller R. A. Dursteler
 Address Danville, Idaho Address Preston Idaho, No. 72
 Location of Well: SE 1/4 NW 1/4 Sec. 23, T. 11 N, R. 36 E, Blaine County.
 and _____ feet N S, and _____ feet E/W from _____ corner of _____ 1/4 _____ 1/4 Sec.
 Water will be used for Irrigation Total depth of well 203'
 Size of drilled hole 12" Weight of casing per linear foot 32.72
 Thickness of casing 1/4" Casing Material Steel pipe
 Diameter, length and location of casing 12" 203' to Bottom
 (Casing 12" in diameter and under give inside diameter; casing over 12" in diameter give outside diameter.)
 Number and size of perforations 12- 1/4 X 4 located 10 feet to 14 feet
 from surface of ground. 9 45 46
18 61 45
 Other Perforations: 8 75 76
17 182 189
 If flowing well, give flow in c.f.s. _____ or g.p.m. _____ and shut in pressure _____
 If nonflowing well, give depth of standing water from surface 5 ft
 If flowing well, describe control works _____ (Type and size of valve, etc.)
 On pumping test delivery was _____ g.p.m. or _____ c.f.s. Drawdown was _____ feet
 Length of time pumped during check was _____ hr. _____ min. Water temp. 51° Fahrenheit.
 Date of commencement of well _____ Date of Completion of well July 25
 Type of well rig Churn Drill

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks — Seals, Grouting, Etc.
12"	0	203		

GENERAL INFORMATION—Pumping Test, Quality of Water, Etc.

On Bailing test this well showed very little water. Is going to be pumped later

WELL LOG

From Foot	To Foot	Type of Material	Drilling Time		Water-bearing Formations Ass. Yes or No	Casing Perforated Ass. Yes or No
			Hrs.	Min.		
0	10	clay			no	no
10	14	gravel			yes	yes
14	45	sandy white clay			no	no
45	46	sand & gravel			yes	yes
46	61	grey clay & gravel			no	no
61	65	layers of gravel & clay			yes	yes
65	75	clay & fine gravel			no	no
75	76	gravel			yes	yes
76	80	white clay & gravel			no	no
80	93	white sandy clay			no	no
93	97	Blue clay & gravel			no	no
97	100	sand & fine gravel			yes	yes
100	110	white clay & gravel			no	no
110	118	white sandy clay & gravel			no	no
118	126	white clay & gravel			no	no
126	131	green clay & gravel			no	no
131	138	green clay			no	no
138	155	green clay & gravel			no	no
155	171	grey clay & gravel				
171	185	grey clay				
If more space is required use Sheet No. 2						

WELL DRILLERS STATEMENT

This well was drilled under my jurisdiction and the above information is true and correct to the best of my knowledge and belief.

Signed B. A. Drutcher

By _____

Dated Aug. 30, 1924

License No. 72

Subscribed and sworn before me this _____ day of _____, 19____.

Notary Public

My Commission expires _____

Residing at _____

STATE OF _____
COUNTY OF _____

Form 238-7
1/197
DMD

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Inspected by	Twp	Rge	Sec
	1/4	1/4	1/4
Lat	Long		

1. WELL TAG NO. D 0006481
 DRILLING PERMIT NO. 29-99-E-0008
 Other IDWR No. _____

2. OWNER:
 Name Cris & Lori Davis
 Address P.O. Box 76
 City Donnelly State ID Zip 83234

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

	Twp. <u>11</u> North ☐ or South ☐
	Rge. <u>36</u> East ☐ or West ☐
	Sec. <u>23</u> NW 1/4 SE 1/4
	Gov't Lot _____ County <u>Bannock</u>

Address of Well Site South Marsh Valley Rd
 City Donnelly

LL _____ Bk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Mud Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/PLUG PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Cement</u>	<u>0</u>	<u>10</u>	<u>2.4 Bags</u>	<u>Overhead</u>	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 227'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Depth	Material	Casing	Seal	Welded	Threaded
<u>6"</u>	<u>1'</u>	<u>227'</u>	<u>228'</u>	<u>Steel</u>	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method Machine
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Seal
<u>65</u>	<u>75</u>	<u>1/2"</u>	<u>28</u>			☒	☐
<u>79</u>	<u>84</u>	<u>1/2"</u>	<u>20</u>			☐	☐
<u>142</u>	<u>153</u>	<u>1/2"</u>	<u>14</u>			☐	☐
<u>167</u>	<u>183</u>	<u>1/2"</u>	<u>16</u>			☐	☐
<u>195</u>	<u>223</u>	<u>1/2"</u>	<u>28</u>			☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

41 ft. below ground Artesian pressure _____ lb
 Depth flow encountered _____ ft. Describe access port or control devices Stop

11. WELL TESTS:

☐ Pump	☐ Bailor	☒ Flowing Artesian	
Yield gal/min	Drawdown	Pumping Level	Time
APPROX	30-35	6 PM	3 Hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 64'

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Depth	From	To	Remarks: Lithology, Water Quality & Temperature	V	H
<u>0</u>	<u>3</u>		<u>Brown clay</u>		
<u>3</u>	<u>20</u>		<u>Coarsely bedded, gravel</u>		
<u>20</u>	<u>37</u>		<u>Brown clay</u>		
<u>37</u>	<u>41</u>		<u>white clay</u>		
<u>41</u>	<u>44</u>		<u>5 thick blue clay</u>		
<u>44</u>	<u>62</u>		<u>gravel water 66'</u>		
<u>62</u>	<u>70</u>		<u>blue clay water 70'</u>		
<u>70</u>	<u>122</u>		<u>gravel water</u>		
<u>122</u>	<u>133</u>		<u>5 thick blue clay</u>		
<u>133</u>	<u>167</u>		<u>gravel & some blue clay</u>		
<u>167</u>	<u>174</u>		<u>blue clay</u>		
<u>174</u>	<u>176</u>		<u>gravel domestic</u>		
<u>176</u>	<u>179</u>		<u>blue clay sticky</u>		
<u>179</u>	<u>245</u>		<u>gravel & some blue clay</u>		
<u>245</u>	<u>245</u>		<u>blue sand water</u>		

RECEIVED

MAR 26 1999

RECEIVED

MAR 19 1999

Department of Water Resources
 Completed Depth 245 - (235) (Measurable)
 Date Started 2-18-99 Completed 3-1-99

13. DRILLER'S CERTIFICATION

I/we certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Mountain Drilling Firm No 533

Firm Official Steve Zwickler Date 3-1-99

and
 Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

WELL DRILLER'S REPORT

State 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 BOB LOWMANAddress MARSH VALLEY RD. DOWNEYOwner's Permit No. 29-E-91-064 83234

7. WATER LEVEL

Static water level 70 feet below land surfaceFlowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ OF Quality _____

Describe artesian or temperature zones below _____

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>40</u>		<u>2</u>

3. PROPOSED USE

- ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☒ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>18</u> feet	<u>437</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☒ Yes ☐ NoHow perforated? ☐ Factory ☐ Knife ☒ Torch ☐ GunSize of perforation 1/8 inches by 2 inches

Number	From	To
<u>60</u> perforations	<u>400</u> feet	<u>437</u> 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 _____

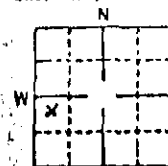
Placed from _____ feet to _____ feet

Surface seal depth 30 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Pudding clay ☒ WATERPROOFINGSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County BANNOCKNE 1/4 NW 1/4 Sec. 23 T. 11 N. 36 E. 36

10.

Work started 12/17/91 finished 1/24/92

11. DRILLERS CERTIFICATION

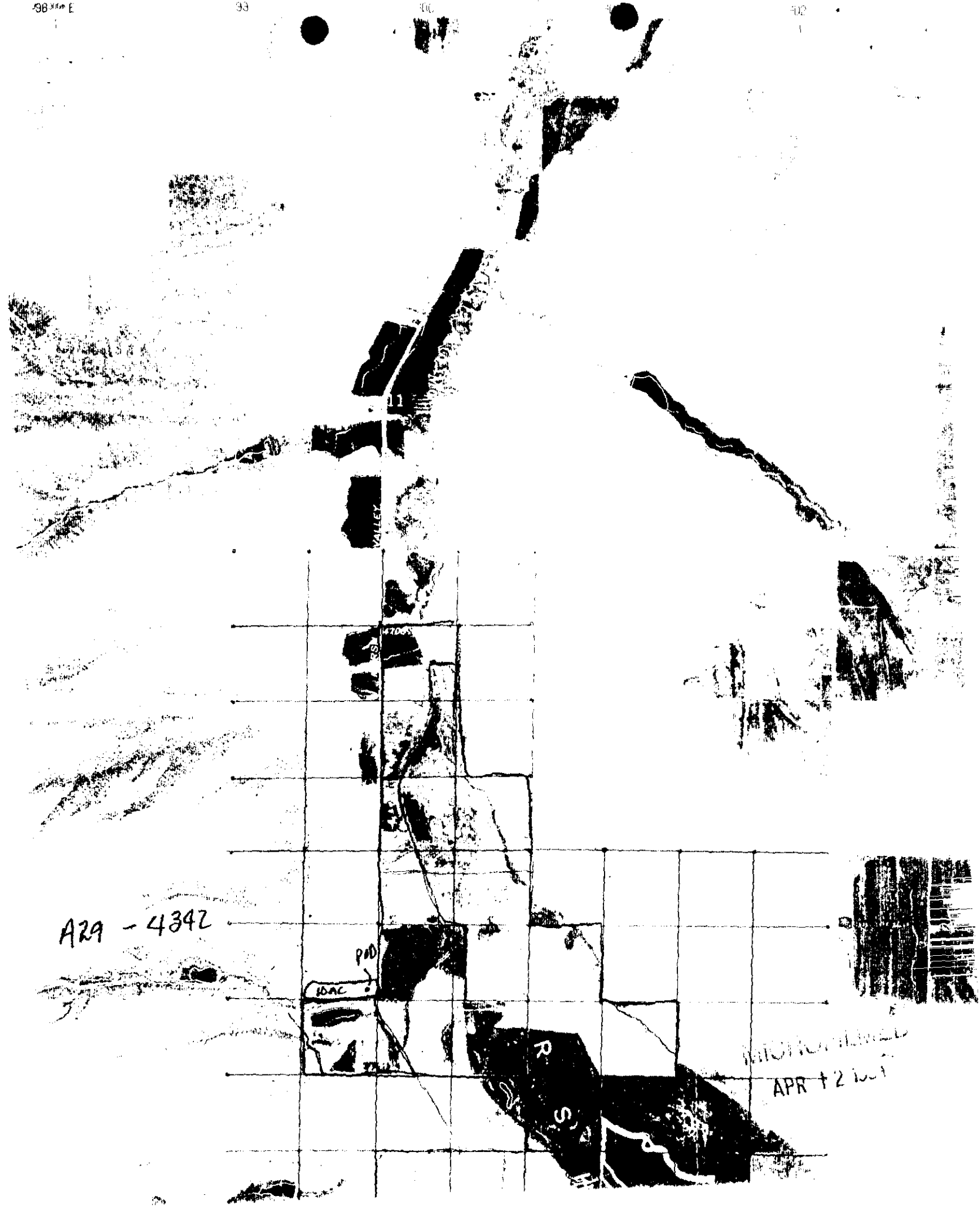
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name DUBBE DRILLING Firm No. 148Address P.O. Box 4465 Puffin Date 1/24/92Signed by (Firm Official) M. H. Dubbe

and

(Operator) Bert Riedinger

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT



A29 - 4342

PAD

10AC

R

S

APR 12 1951

Log for claim A29-04342

Spatial Dynamics TWB

5/26/00

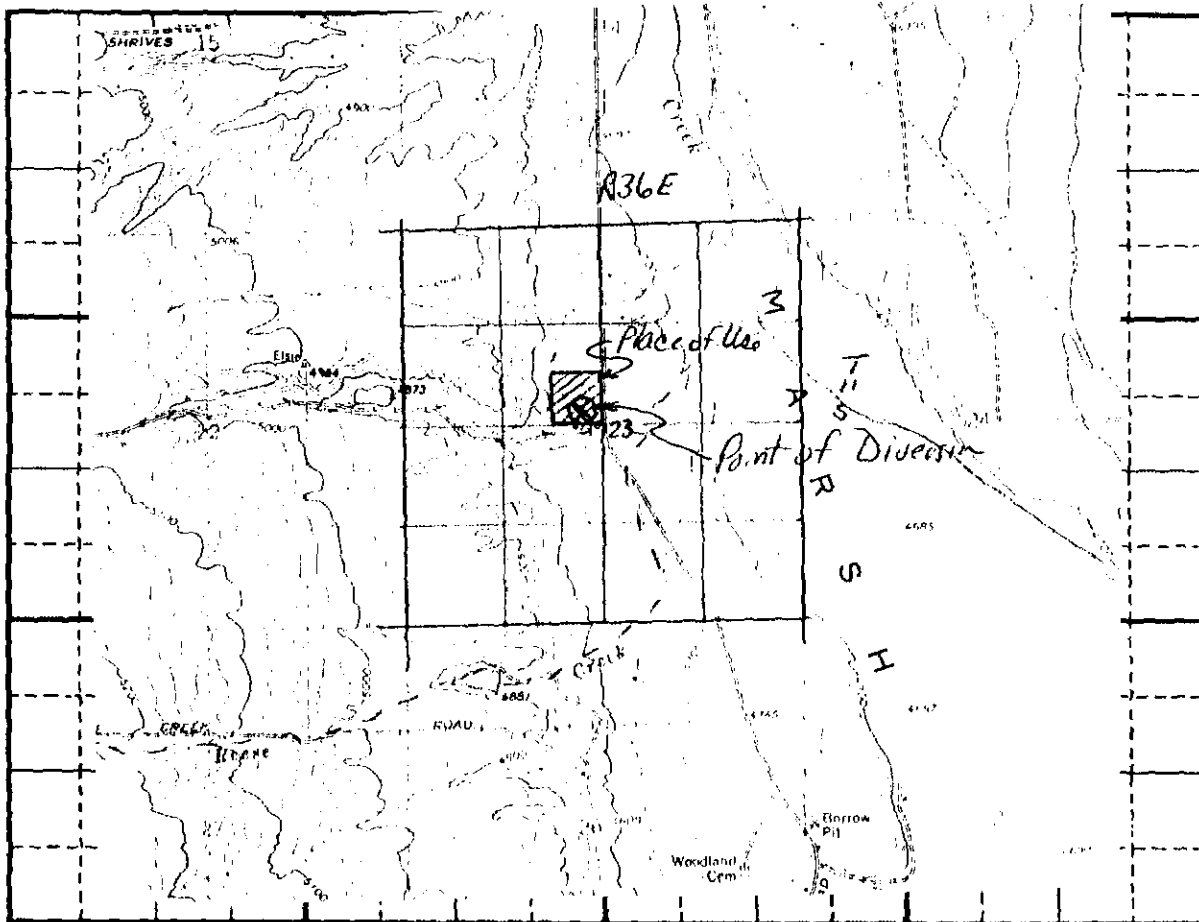
TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
11s36e	23	SENW	10	40	Permissible place of use?
Totals:			10	40	

CLAIM TO A WATER RIGHT

The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.

(7) If you are claiming water as a member of an organization, list name of organization:

(8) Remarks



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of Idaho)
County of Bannock) ss.

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge.

Sworn to before me this 28th day of April, 1983.
Vianda M. Crockett
(Claimant)

Calvin Wray
Notary Public
Residing at Idaho Falls

My commission expires 6-15-85

Received by Kew 4-28-83 FOR DEPARTMENT USE ONLY

Received by HWS Date 4-29-83 Exception filed by: _____ Date _____
Prelim. check by BP Date 4-28-83 # 28110 Forwarded to claimant by: _____
Dates 5/12/83 5/19/83

AJ5809NP
No. A29-04342

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 04/24/00
PAGE: 120

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	DAVE PACKER	06/20/1954	IRRIGATION	04-01 11-01	0.200 CFS	
C	PAT PACKER		DOMESTIC	01-01 12-31	0.040 CFS	
	PO BOX 4251					
	POCATELLO ID 83205			TOTAL DIVERSION:	0.240 CFS	
	(208) 232-8809			CONSUMPTIVE USE:		25.00 AFA

Water Source: GROUNDWATER

Tributary to:

Stage: STATUTORY CLAIM

Point(s) of Diversion:

T11S R36E S23

SENW

BANNOCK County

Place of use Legal Description for: IRRIGATION

				NE				NW				SW				SE					
T	R	S		NENE	NWNE	SWNE	SENE	NENW	NWNW	SWNW	SENW	NESW	NWSW	SWSW	SESW	NESE	NWSE	SWSE	SESE	SUM	
				Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac		
11S	36E	23	:																	10.0	
																				TOTAL ACRES	10.0

Place of use location for DOMESTIC is the same location as described for: IRRIGATION

POU County: BANNOCK

Non-Irrigation Uses: DOMESTIC/ ONE HOME

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):
A29-12778

Other Water Rights Listing Overlapping Place(s) of Use:
A29-00517 A29-12778

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:

Presumption Flag:

Audit: 09/08/93 DCARLSON 03/29/95 POST-STD

Water Right Number - A29-10130

Prefix Translation:

ADJUDICATION CLAIM

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** C - CURRENT OWNER ***
DAVIS

CRIS G

1 - PO BOX 76

2 -

3 -

City- DOWNEY

State- ID Zip- 83234

Phone - 208-797-5176

DAVIS

LAURETTA M

1 - PO BOX 76

2 -

3 -

City- DOWNEY

State- ID Zip- 83234

Phone - 208-797-5176

*** O - ORIGINAL OWNER ***
DAVIS

JANE

1 - 21128 SOUTH MARSH CREEK RD.

2 -

3 -

City- DOWNEY

State- ID Zip- 83234

Phone - 208-897-5500

DAVIS

GLADE H.

1 - 21128 SOUTH MARSH CREEK RD.

2 -

3 -

City- DOWNEY

State- ID Zip- 83234

Phone - 208-897-5500

+ - - Priority Date - - + + - - - Region - - - + + - - - Stage - - - + + - - - Status - - - +
06/01/1945 15 EASTERN J - BENEFICIAL USE+ - - - - Source - - - - - + + - - - - - Tributary - - - - - +
GROUNDWATER+ - - - - Point of Diversion - - - - - +
Twn Rng Sec Tract Lot RFlg County

11S 36E 23 NE NE SW (5) BANNOCK

+ - - - - Water Use - - - - - +
Code Description Period From Period To Diversion Rate Diversion Volume

04 - STOCKWATER

01/01

12/31

0.090

43 - DOMESTIC

01/01

12/31

0.060

+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Consumptive Use - + + - KW Usage - +
0.150 0.0+ - - - - Place of Use - - - - - +
Twn Rng Sec Tract Lot Acres Code Description County

11S

36E

23

NW NE

04 STOCKWATER

(5) BANNOCK

11S

36E

23

NW NE

43 DOMESTIC

(5) BANNOCK

Total Acres:

NOV 13 1990

MICROFILMED

**IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT
(REGIONAL)**

Water right number - A29-10130

Prefix Translation: ADJUDICATION CLAIM

+ - - Diversion Means - PUMP/WELL/PIPELINE TO TWO HOMES AND TWO WATER TROUGHS
+ - - Non-Irrigation Use - D/ TWO HOMES S/60 HEAD DAIRY COWS, 50 HEAD STOCK COWS
+ - - Other Rights for Same Use - NONE

+	Remarks	+
	CHANGED OWNERSHIP 2/6/95/JT/GJT	

```
+-----+-----Old Water Right Numbers-----+
```

No Old Water Right Numbers Found

----- Conditions of Approval -----
No Conditions of Approval found.

+ - - - Decree Plaintiff - - - +	+ - - - Decree Defendant - - - +	+ - Decree Date - + 00/00/0000
----------------------------------	----------------------------------	-----------------------------------

-----Comments-----
No Comments Found

+ - - Audit Fields - - +
 00/00/00

+ Adjudication Rights Dates and Flags Area +

Court Report Filing	- 00/00/0000	Field Inspection Made	- 00/00/0000	Civil Case Number	- 39576
Objection Filed Date	- 00/00/0000	Field Inspection Flag	-	Old Case Number	-
Response Filed Date	- 00/00/0000	Verified Date	- 00/00/0000	Old Judicial District	-
Claim Received Date	- 02/21/1990	Last Amended Date	- 00/00/0000	Temporary Right	- P
		Receipt Number	- E012123	Water District	-
		POU Ownership Flag	- Y	Federal/State Indicator	- S
		Name Connector	- OR	Presumption Flag	-
				Notice of Error Flag	-

MICROFILMED
NOV 13 1996

PERMIT TO APPROPRIATE PUBLIC WATERS OF THE STATE OF IDAHO, DATED
JULY 22, 1954, BEARING PERMIT NO. G-25054, WHEREIN C.J. YEARSLEY
AND RAYMOND DAVIS WERE PERMIT HOLDERS TOGETHER WITH THE RIGHT OF
RAYMOND DAVIS TO HAVE RIGHT OF WAY FOR ACCESS TO SAID WELL.

I Purchased C J YEARSLEY'S HALF

MICROFILMED
NOV 13 1950