

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: A47-16775

Date Received: 2/23/2000

Receipt No: 5022805

Received By: *[Signature]*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: VIKIE HANCOCK 208-543-8586
Address: 1150 E 3400 N
BUHL ID 83316
OR
Name: ROBERT L STOLTZ 208-543-8586
Address: 1150 E 3400 N
BUHL ID 83316

2. Date of Priority: DEC 31, 1999

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
11S	14E	4	SW	SW	SE		TWIN FALLS

5. Description of diverting works:
160 FT WELL, PUMP, PIPELINE

6. Water is used for the following purposes:

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

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

A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
1 HOME

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
11S	14E	4	SW SE		DOMEST	

11. Place of use in counties: TWIN FALLS

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

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

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): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 20 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. A47-16775Date Received 2-23-2000Receipt Number SO 22805NOTICE 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.RECEIVED
FEB 23 2000
Department of Water Resources
Bozeman, Idaho

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Robert L. Stoltz or Mike Hancock Phone (208) 543-8586Mailing Address 1150E 3400N Buhl IDAHO Zip 833162. Date of Priority (Only one per claim) 12-31-1999 Month/Day/Year3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township 11 S Range 4 ESection 4, SW 1/4 of SW 1/4 of SE 1/4, Govt. Lot —, BM.,County of Twin FallsAdditional points of diversion if any: none5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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, pump, pipeline

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from 1-1 Month/Day to 12-31 Month/Day amount 0.04 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 home, 0.5 acre IRRIGATION

10. Place of use is: Township: 11S Range 14E

Section 4, SW 1/4 of SE 1/4, Govt. Lot _____, B.M.,

County of TWIN FALLS for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any none

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

12. Do you own the property listed above as place of use? Yes X No _____

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

13. Describe any other water rights used at the same place and for the same purposes as described above.

TWIN FALLS COMPANY - 2.5 shares

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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 do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) [Signature] Date 2-5-2000

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____, that I have signed the foregoing
Organization
document in the space below as _____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ RECEIVED Date _____

Title and Organization _____ FEB 23 2000

State of Idaho/or _____)
County of _____) SS.

Department of Water Resources
Bozeman, Montana

Subscribed and sworn to (or affirmed) before me this 4th day of February 2000

Notary Public [Signature]

Residing at Twin Falls

My Commission Expires 9-23-2000

Last Name ROBERTSON HANCOCK Ident No. _____

Copies: White-State, Yellow-Claimant

RECEIPT
For Monies Paid
to the
Idaho Department of Water Resources

Receipt No:

S022805

Date:

Time: 2/23/2000

10:51:57

Received

From:

HANCOCK-STOLTZ

Type of Payment

Program A cct

Amount

SRBA DOMESTIC CLAIM

41503

337

1155

25.00

Total

\$

25.00

CHECK

1476

Region: SOUTHERN

Signature:



470700m N.

T115

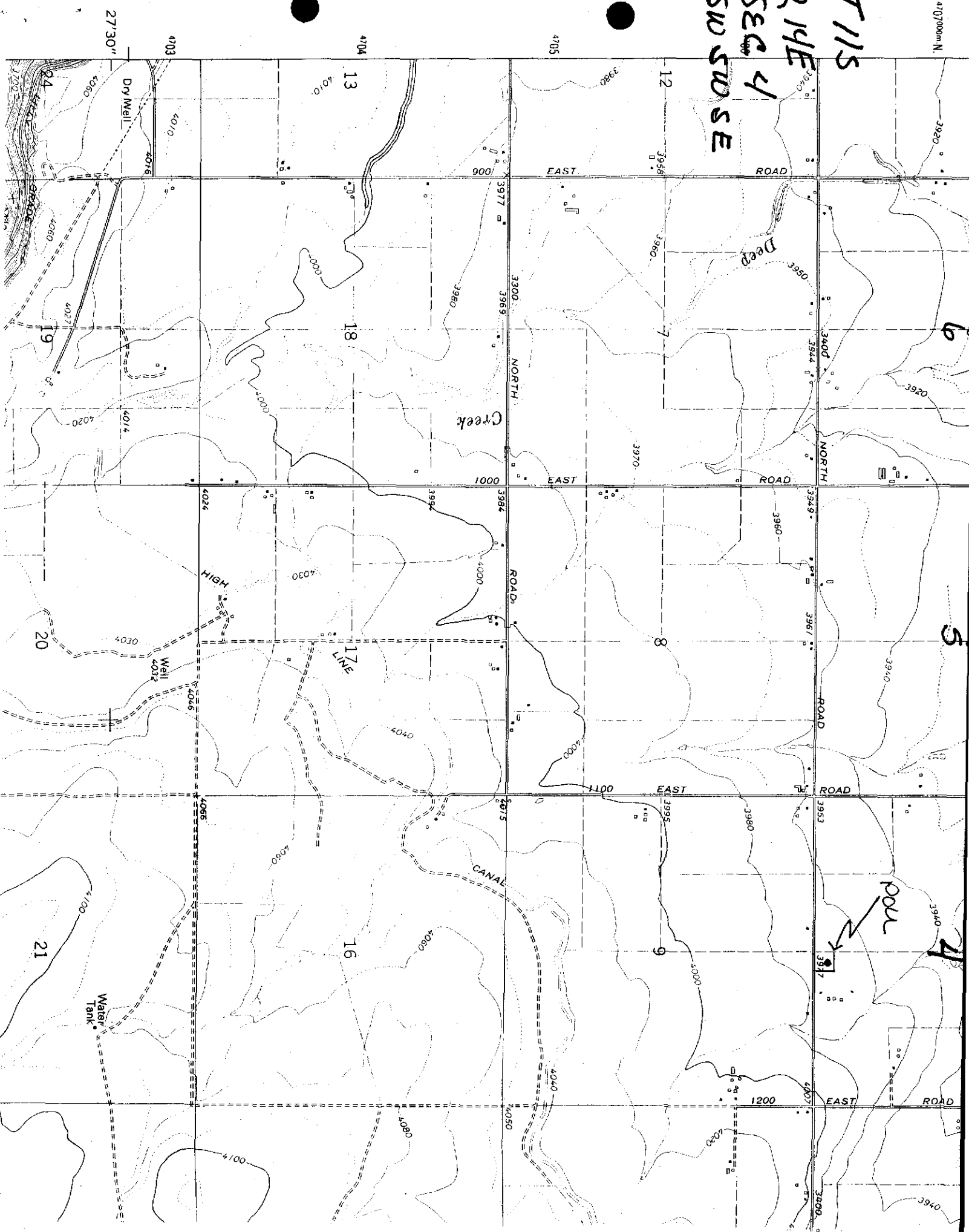
R14E
Sec 4
SW 50 SE

6

5

4

POU



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 0008318
 DRILLING PERMIT NO. 47. 99. S. 0130.
 Other IDWR No. _____

2. OWNER:

2. OWNER.
Name Vicki Hancock
Address 3400N 1165E
City Castleford State Id Zip 83321

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 11 North ☐ or South ☒
 Rge. 14 East ☒ or West ☐
 Sec. 4 SW ^{1/4} SW ^{1/4} SE ^{1/4}
 Gov't Lot _____ County ^{70 acres} ^{40 acres} ^{150 acres} Twin Falls
 Lat. : : Long. : :
 Address of Well Site same
 City _____

Lt. Blk. 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

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	5	18	3	overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
65/8	+2	18	250	steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

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

[illegible]

Completed Depth 160ft (Measurable)
Date: Started 9/6/99 Completed 9/6/99

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 Dave Austin Drlg. Firm No. 196

Firm Official Wane L. Austin Date 9/17/99

and

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

AJ0749NP
No. R47-16775

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 02/23/00
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	VIKIE HANCOCK	12/31/1999	DOMESTIC	01-01 12-31	0.040 CFS	
C	ROBERT L STOLTZ					
	1150 E 3400 N					
	BUHL ID 83316					
	(208) 543-8586					
				TOTAL DIVERSION:	0.040 CFS	

Water Source: GROUND WATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion: T11S R14E S04 SWSWE

TWIN FALLS County

Place of use Legal Description for: DOMESTIC

	NE				NW				SW				SE			
T R S	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac
11S 14E 4	:		:		:		:		:		:		:		:	

POU County: TWIN FALLS

Non-Irrigation Uses: 1 HOME

Other Rights: TWIN FALLS CANAL COMPANY SHARES

Conditions of Approval:

- N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.
- N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.
- C18 - THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
 - NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE, SECTION 42-1412(6) IDAHO CODE.

Remarks: EXP PARCEL NO: 11S14E048800.

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:
Presumption Flag: