

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 67-14487
Date Received: 9/1/2004
Receipt No: W032179
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MERIDIAN FAMILY TRUST Phone: (208)888-2977
GEORGE B MILLER TRUSTEE
RUTH E MILLER TRUSTEE
7000 S MERIDIAN RD
MERIDIAN ID USA 83642

2. Date of Priority: 04/25/1995

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
15N	04W	10	NE SW	WASHINGTON	

5. Description of diverting works:

Well and pump.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.04	
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of other uses: 20 Cows & Calves
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
15N	04W	10	NE	SW		DOMESTIC	
			NE	SW		STOCKWATER	

11. Place of use in counties: WASHINGTON

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

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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.

RECEIVED

SEP 01 2004

WATER RESOURCES
WESTERN REGION

Filing Fee \$25

Please type or print clearly

- Name of Claimant (s) Meridian Family Trust ^{George B. Miller Trust} Ruth Miller Phone (208) 888-2977
Mailing Address 7000 So Meridian Zip 83642 ^{Cell 888-3206}
2. Date of Priority (Only one per claim) 4-25-95 Month/Day/Year
3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
which is tributary to (b) _____ Name or kind of source
4. Location of point of diversion is: Township 15N Range 4W
Section 10, NE 1/4 of SW 1/4 of _____ 1/4, Govt. Lot _____, BM.,
County of Washington
Additional points of diversion if any: _____
5. 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 And Pump
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 .04 (cfs)
For Stockwater purposes from 1-1 (Both dates are inclusive) to 12-31 amount .04
7. Total quantity claimed .04 (cfs)
8. Total consumptive use claimed is de minimus
9. Non-irrigation uses. Describe fully (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) Domestic One Home 20 Cows-Calves

10. Place of use is: Township: 15N Range 4W
Section 10, NE 1/4 of SW 1/4, Govt. Lot _____, B.M.,
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? WASHINGTON

12. 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.

13. Describe any other water rights used at the same place and for the same purposes as described above.
() None or 67-14468 and 67981 Stock Water

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 1

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Lark E. Miller, Trustee Date _____
George B. Miller Date _____

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

of _____, Title _____, 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 _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of Ada) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 1 day of September 18 2004

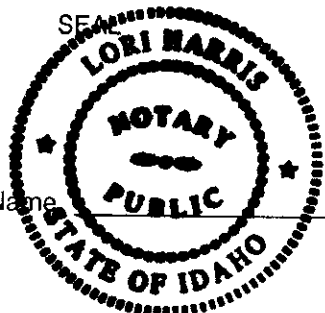
Notary Public Lori Harris

Residing at Boise, Idaho

My Commission Expires 12-8-06

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

62596

1. DRILLING PERMIT NO. 67 - 95 - 11 - 1019 - 000
Other IDWR No. _____

2. OWNER:

Name George B. & Ruth E. Miller
Address 7000 S. MERIDIAN Rd.
City MERIDIAN State ID Zip 83682

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>15N</u>		North ☒ or South ☐
W		Rge. <u>4W</u>		East ☐ or West ☒
S		Sec. <u>10</u>		1/4 <u>NE</u> 1/4 <u>SW</u> 1/4
		Gov't Lot _____		County <u>Blaine</u> City <u>Highway 71</u>

Address of Well Site Highway 71
Blaine City

(Give at least name of road + Distance to Road or Landmark)
Lt. 2 Bk. _____ Sub. Name Heinland

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT Sacks or Pounds	METHOD
Material	From	To		
<u>Bentonite</u>	<u>0</u>	<u>19</u>	<u>450</u>	<u>Top Pour</u>

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
<u>6"</u>	<u>+2</u>	<u>-58</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☐
<u>4"</u>	<u>-50</u>	<u>-150</u>	<u>110</u>	<u>Plastic</u>	☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-130</u>	<u>-150</u>	<u>1/4"</u>	<u>62</u>	<u>4"</u>	<u>Plastic</u>	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

9.3 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Top of casing

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>			<u>75</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: Good

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	W	Y
<u>8"</u>	<u>0</u>	<u>22</u>	<u>Black Clay</u>		
<u>8"</u>	<u>22</u>	<u>38</u>	<u>Brown Clay & Small Boulders</u>		
<u>6"</u>	<u>38</u>	<u>66</u>	<u>Broken Bklt & Clay Scams</u>		
<u>6"</u>	<u>66</u>	<u>102</u>	<u>Broken Bklt.</u>		
<u>6"</u>	<u>102</u>	<u>105</u>	<u>Red Cinders</u>		
<u>6"</u>	<u>105</u>	<u>127</u>	<u>Broken Brown Bklt</u>		
<u>6"</u>	<u>127</u>	<u>133</u>	<u>Red Cinders</u>		<u>5</u>
<u>6"</u>	<u>133</u>	<u>142</u>	<u>Broken Brown Bklt.</u>		<u>5</u>
<u>6"</u>	<u>142</u>	<u>150</u>	<u>Med Hard Broken Bklt.</u>		

RECEIVED

JAN 11 1996

Department of Water Resources

RECEIVED

MAY 11 1995

WATER RESOURCES
WESTERN REGION

MAY 06 1996

Completed Depth 150 ft. (Measure)
Date: Started 4-25-95 Completed 4-25-95

13. DRILLER'S CERTIFICATION

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

Firm Name Uhlenkott Drilling Firm No. 16

Firm Official Ray Uhlenkott Date _____
and _____

Supervisor or Operator Jim J. Uhlenkott Date _____
(Sign once if Firm Official & Operator)