

11/18/2005

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 78-12249

NAME AND ADDRESS: DANIEL R OLSON
PO BOX 305
NEW MEADOWS ID 83654

LISA A OLSON
PO BOX 305
NEW MEADOWS ID 83654

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.130 CFS

The quantity of water under this right shall not exceed 13,000 gallons per day.

PRIORITY DATE: 10/08/2001

POINT OF DIVERSION:

T20N R02E S31 NWSE Within ADAMS County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	01/01 12/31	0.130 CFS

PLACE OF USE: DOMESTIC Within ADAMS County

T20N R02E S31 NWSE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

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.

The quantity of water decreed for this water right is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

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: : :
☒ Air ☐ Flowing Artesian

1. WELL TAG NO. D 0017831
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:
Name Daniel Olson
Address PO Box 305
City New Meadows State ID Zip 83654

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N
W
E
S
Twp. 20 North ☒ or South ☐
Rge. 2 East ☒ or West ☐
Sec. 31 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County Adams
Lat: : : Long: : :
Address of Well Site Campbell Rd.
City New Meadows
(Give at least name of road + Distance to Road or Landmark)

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	Spills or Pounds		
Bentonite	0	40	10		Dry

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 318
Was drive shoe seal tested? ☒ Y ☐ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	318	.25	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:

75 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 325 ft. Describe access port or control devices: well cap

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60			

Water Temp. 58 Bottom hole temp. _____
Water Quality test or comments: good

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encountered 325

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	6	Topsoil		☒
10	6	40	Brown clay		☒
8	40	55	Gray clay		☒
8	55	60	Broken black basalt		☒
6	60	85	Gray clay		☒
6	85	110	Brown clay		☒
6	110	125	Broken brown basalt		☒
6	125	150	~~Brown~~ Gray clay		☒
6	150	156	Brown broken basalt		☒
6	156	180	Brown clay		☒
6	180	240	Brown basalt w/clay		☒
6	240	325	Gray clay		☒
6	325	330	Sandstone	☒	
6	330	345	Gray clay		☒
6	345	350	Brown broken basalt	☒	

RECEIVED

OCT 16 2001

Dept of Water Resources

RECEIVED

OCT 11 2001

WATER RESOURCES
WESTERN REGION

Completed Depth 350 (Measurable)
Date: Started 9-26-01 Completed 10-1-01

13. DRILLER'S CERTIFICATION

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

Company Name JRU Well Drilling Firm No. 539

Firm Official Jim R Nelson Date 10-8-01

and Driller or Operator Todd L. Lister Date 10-8-01

(Sign once if Firm Official & Operator)

WIN 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 78-12249
Date Received: 11/14/2005
Receipt No: W033600
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DANIEL R OLSON Phone: (208)347-2436
PO BOX 305
NEW MEADOWS ID USA 83654

LISA A OLSON Phone: (208) 347-2436
PO BOX 305
NEW MEADOWS ID USA 83654

RECEIVED
NOV 17 2005
Department of Water Resources

2. Date of Priority: 10/08/2001

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
20N	02E	31	NW SE	ADAMS	

5. Description of diverting works:

350 ft. well, pumped to house.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.13	

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

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
20N	02E	31	NW	SE	DOMESTIC	

11. Place of use in counties: ADAMS

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

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

CIVIL CASE NUMBER: 39576

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

Identification No. A78-12249Date Received 11-14-05Receipt Number W033600

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.

Filing Fee \$25

RECEIVED

NOV 14 2005

WATER RESOURCES
WESTERN REGION

Please type or print clearly

1. Name of Claimant (s) Daniel R. ~~Olson~~ or Lisa A. Olson Phone (208) 347-2436Mailing Address P.O.Box 305 New Meadows Idaho Zip 836542. Date of Priority (Only one per claim) October 8th, 2001 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 20N Range 2ESection 31 , _____ 1/4 of NW 1/4 of SE 1/4, Govt. Lot _____, BM.,County of Adams

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. Domestic well pumped to house.Well depth is 350 ft.

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 .13 (cfs)

(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .13 (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) _____

10. Place of use is: Township: 20N Range 02E

Section 31, NW 1/4 of SE 1/4, Govt. Lot _____, B.M.,

for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

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

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.

X None or Water Right Ident. Number 78-12213-1

14. Remarks: We have a water right for irrigation/stock water on our property, that is not used for domestic.

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 X 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) _____ Date _____

Lisa Olson

Date 11/01/05

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

of _____, that I have signed the foregoing

document in the space below as _____ of _____

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 _____)

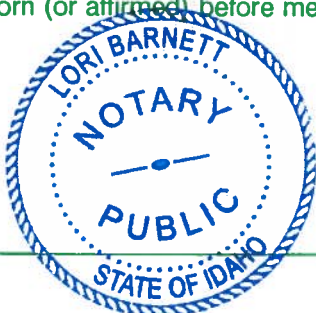
County of _____)

SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 1 day of Nov 2005

SEAL



Notary Public Lori Barnett

Residing at New Meadows

My Commission Expires Sept 8 2009

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant