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Form No. 42-1409-2 (Internet 7/17)

DEPARTMENT OF
WATER RESOURCES

**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

Claim ID: 63-34545

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

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

Please type or print clearly

1. Name of claimant(s) Travis and Celeste Haase Phone (208) 340-6996

Mailing address 8100 W Spring Creek Way Zip 83714

Street or Box

City

State

Email address (optional) haas8197@gmail.com

2. Date of priority: (Only one per claim) 09/14/1984 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. Location of point of diversion is: Township 5N, Range 1E, Section 25,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of ADA;

Parcel no. R8079010047

Additional points of diversion, if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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 at 360 feet deep, 260 feet is static water line, providing water to domestic household and 1.42 acres, at 40 gpm.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic Use purposes from 1/1 to 12/31 amount .06 cfs (✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .06 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
one house

9. Location of place of use is: Township 5N, Range 1E, Section 24/25,
NE 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. R8079010047
 If different than shown in Item 4
 for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

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

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

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

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):
Concerned with development and construction occurring around the house hold want to protect my water rights.

14. Basis of claim (check one) Beneficial Use (✓) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

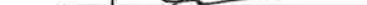
15. **Signature(s)**

(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: 2

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)  Date: 5/30/18

 Date: 5/30/18

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

8100 Spring Creek Way
Garden City, ID. 83714

Well location



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 William Crane

Address 10561 Hwy 55 Boise 83703

Owner's Permit No. _____

7. WATER LEVEL

Static water level 260 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

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

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ °F. Quality _____

Describe artesian or temperature zones below.

2. NATURE OF WORK

☐ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>40</u>	<u>285</u>	<u>3</u>

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal

☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

☐ Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
0	0	26	hard baked clay		X
	26	190	black basalt rock		X
	190	248	blue clay		X
	248	255	brown clay		X
	255	300	tannish decomposed granite		X
	300	337	coarse granite sand	X	
	337	342	blue clay		X
	342	360	sand to 1" gravel		X
			bottom open hole		

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary

☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>2 1/2</u> inches	<u>6</u> inches	<u>1</u> feet	<u>330</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☒ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☐ No

How perforated? ☐ Factory ☐ Knife ☒ Torch

Size of perforation 1/8 inches by 4 inches

Number	From	To
<u>100</u> perforations	<u>326</u> feet	<u>330</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 26 Material used in seal: ☐ Cement grout

☐ Bentonite ☐ Puddling clay ☒ Cuttings

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent

☐ Cemented between strata

Describe access port cap on well

10. Work started 9/7/84 finished 9/14/84

LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name Spring Creek

Estates # 2

Lot No. 9 Block No. 1

County Ada

1/4 Sec. 25, T. 2 N/S, R. 1 E/W.

11. DRILLERS CERTIFICATION

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

Firm Name W.E. Stevens & Son Firm No. 153

Address 3709 Hawthorne Driv Date 9/25/84

Signed by (Firm Official) _____

and _____

(Operator)