

**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 PALOUSE RIVER BASIN WATER
SYSTEM

CIVIL CASE NUMBER: 59576

Ident. Number: 87-10197
Date Received: 4/24/2019
Receipt No: N034213
Claim Fee: \$25.00
Received By: [Signature]

**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**

1. Name of Claimant(s)

ROBERT BUMGARNER
1199 GRAY EAGLE RD
GENESEE ID 83832

Phone: (208) 285-1289

2. Date of Priority: 7/12/1976

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
37N	05W	24	NE NE		NEZ PERCE	

5. Description of diverting works:

WELL, 3/4 HP PUMP W/1" PIPELINE TO HOME AND SHOP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

HOME AND SHOP

9. Place of use:

DOMESTIC within NEZ PERCE County

Township	Range	Section	¼	of	¼	Lot	Acres
37N	05W	24	NE		NE		

10. Do you own the property listed above as place of use? Yes

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

11. Other Water Rights Used:

NONE

12. Remarks:

Priority Date Explanation:
WELL LOG

13. Basis of Claim: Beneficial Use

14. 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 PALOUSE 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: 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): Robert J. Bumpawa Date: 4-24-19

Date: _____

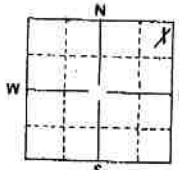


USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of 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 <u>Bob Bumgardener</u> Address <u>RT 6 ENESEE Idaho</u> Owner's Permit No. <u>87-76-N-22</u>		7. WATER LEVEL Static water level <u>97</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow <u>6</u> Temperature _____ ° F. Quality <u>Good</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Other <u>air</u> Discharge G.P.M. <u>6</u> Draw Down <u>2</u> Hours Pumped <u>2</u>																																																											
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG																																																											
4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other		<table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0'</td><td>5'</td><td>Top soil</td><td></td><td>X</td></tr><tr><td>6</td><td>5'</td><td>25'</td><td>Tan clay</td><td></td><td>X</td></tr><tr><td>6</td><td>25'</td><td>38'</td><td>Brown clay</td><td></td><td>X</td></tr><tr><td>6</td><td>38'</td><td>50'</td><td>Blue basalt rock</td><td></td><td>X</td></tr><tr><td>6</td><td>50'</td><td>118'</td><td>Hard blue basalt rock</td><td></td><td>X</td></tr><tr><td>6</td><td>118'</td><td>159'</td><td>Blue rock w/ some mineral deposits</td><td></td><td>X</td></tr><tr><td>6</td><td>159'</td><td>166'</td><td>Harder rock</td><td></td><td>X</td></tr><tr><td>6</td><td>166'</td><td>174'</td><td>Blue basalt, interbed</td><td></td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	6	0'	5'	Top soil		X	6	5'	25'	Tan clay		X	6	25'	38'	Brown clay		X	6	38'	50'	Blue basalt rock		X	6	50'	118'	Hard blue basalt rock		X	6	118'	159'	Blue rock w/ some mineral deposits		X	6	159'	166'	Harder rock		X	6	166'	174'	Blue basalt, interbed		X
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5. WELL CONSTRUCTION Diameter of hole <u>6 1/2</u> inches Total depth <u>174</u> feet Casing schedule: ☐ Steel ☐ Concrete Thickness <u>0.25</u> inches Diameter <u>6 5/8</u> inches From <u>2</u> feet To <u>50</u> 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 _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ 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 <u>50</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing <u>TOP CASING WELL SEAL</u> ☒ Overbore to seal depth																																																													
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>NE3 PERCE</u> <u>NE 1/4 NE 1/4 Sec. 24 T. 37 N/S. R. 5 E/W</u>		10. Work started <u>7-9-76</u> finished <u>7-12-76</u>																																																											
		11. DRILLERS CERTIFICATION Firm Name <u>DeTray Drilling & Son</u> Firm No. <u>150</u> Address <u>1036 15th St Clarkston WA</u> Date <u>8-29-77</u> Signed by (Firm Official) <u>DeTray</u> and (Operator) <u>Scott DeTray</u>																																																											

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT