

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

Claim ID: 87-10207

Date Received: 4-25-19

Receipt No: N034225

Claim Fee: 25.00 By: JA

RECEIVED

APR 25 2019

IDWR/NORTH

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

- Name of claimant(s) WILLIAM F AND/OR BARBARA I RAY Phone (208) 301-0784
Mailing address 835 HATHAWAY MOSCOW ID Zip 83843
Street or Box 38 City State
Email address (optional) BARBARA@UIDAHO.EDU
- Date of priority: (Only one per claim) 5/14/2004 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 42N, Range 05W, Section 23
SW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of LATAH
Parcel no. RP42N05W236023
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
WELL PIPED TO FROST FREE HYDRANT, WITH HOSES TO STOCK TANKS
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For STOCKWATER purposes from 01/01 to 12/31 amount 0.02 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.02 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
10 HEAD MIXED STOCK

9. Location of place of use is: Township 42N, Range 05W, Section 23,
SW 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. SAME
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? LATAH

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):
WELL REPORT

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 notices in the Palouse River Basin Water System 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) Barbara I Ray Date: 4/25/19

Date: _____

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

Agent's title (Please print) _____ of _____
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) WILLIAM F AND/OR BARBARA I RAY Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0033638 RECEIVED
DRILLING PERMIT NO. 814856
Water Right or Injection Well No. MAY 19 2004

2. OWNER: IDWR/North
Name Frank Ray
Address 835 Hawthorne
City Moscow State Id Zip 83843

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub, or Directions to well.

Twp. 42 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 23 SW 1/4 SW 1/4 1/4
Gov't Lot _____
County Latah
Lat: _____ Long: _____
Address of Well Site 1/4 mile on Deep Creek Rd off
Freeze Rd City Potlatch
(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>150 lbs</u>	<u>Dry</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8</u>	<u>+1</u>	<u>18</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>6</u>	<u>-8</u>	<u>78</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>58</u>	<u>78</u>	<u>1/8" x 5"</u>	<u>36</u>	<u>6"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

8 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>approx. 30</u>		<u>75</u>	<u>1 Hr.</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 25'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>basalt, firm</u>	☒	☐
<u>8</u>	<u>18</u>	<u>basalt, firm</u>	☒	☐
<u>8</u>	<u>23</u>	<u>soft basalt</u>	☒	☐
<u>8</u>	<u>45</u>	<u>broken basalt</u>	☒	☐
<u>8</u>	<u>50</u>	<u>soft basalt</u>	☒	☐

Completed Depth 78' (Measurable)

Date: Started 5/12/04 Completed 5/14/04

14. DRILLER'S CERTIFICATION

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

Company Name WITT Well Drilling Firm No. 58

Principal Driller Roger Witt Date 5/16/04

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

42N 5W 23

PARCEL LOCATION FOR CSRBA CLAIM

