

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: 87-10690Date Received: 6/11/19Receipt No: N034853Claim Fee: \$25.00 By: LH

RECEIVED

JUN 11 2019

DEPT. OF WATER RESOURCES

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) Craig Anthony & Monica Lee Ray and/or CR Phone (208) 883-5500Mailing address 211 S. Main St. Moscow ID Zip 83843
Street or Box City StateEmail address (optional) Monica@TurboNet.com2. Date of priority: (Only one per claim) 9/26/14 (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 41 North, Range 3 W, Section 2,
SE 1/4 of N.W. 1/4, or Govt. Lot 4 ~~fract~~ BM, County of _____Parcel no. 519567 and 519567 RP41N03W023102 24
3303

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.

Well at N 46° 56.079', W 16° 41.342' drilled 9-26-14. 360'

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 0.02 cfs (☒) or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.02 cfs (☒) or AFY ()

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

Domestic, one home

9. Location of place of use is: Township 41N, Range 3, Section 2,
1/4 of NW 1/4, Govt. Lot 4 BM, Parcel no. 519567 and 519

for (check one) Domestic ☒ Stock ☐ Domestic and Stock ☐ RP41N03W023102
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):

When well was completed and put to use

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: 1

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) Mona L Ray Date: 6-11-19

Craig A Ray Date: 6-11-19

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 _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D DOO40579

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER: TONY RAY

Name TONY RAY

Address 2115 MAIN ST.

City MOSCOW State ID. Zip 83843

3. WELL LOCATION:

Twp. 41 North ☒ or South ☐ Rge. 3 East ☐ or West ☒

Sec. 2 SE 1/4 NW 1/4 1/4

Gov't Lot _____ County _____

Lat. N 41° 0' 56.079" (Deg. and Decimal minutes)

Long. W 110° 0' 41.342" (Deg. and Decimal minutes)

Address of Well Site 1060 QUARTZ CREEK RD

City HARVARD

(Give all well names or road * distances to road or landmark)
Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
BENTONITE	0	38	900 LBS	POUR DRY

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	56	.250	STEEL	☒	☐	☐	☒
4	-7	360	.200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 56'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method SAW

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
200	360	1/8x6	400	4	PVC	.200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 88 Static water level (ft) 80'

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	4 GPM	1-HR

Test method:

Pump ☐ Sailer ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	1	SILT TOP SOIL		☒
10	1	22	SILTY BROWN CLAY		☒
10	22	38	DECO. GRANITE TAN SOFT		☒
6	38	55	DECO. GRANITE TAN SOFT		☒
6	55	78	GRANITE GRAY MED		☒
6	78	88	GRANITE TAN SOFT		☒
6	88	155	GRANITE MED GRAY W/FRACS		☒
6	155	176	GRANITE GRAY MED		☒
6	176	197	GRANITE GRAY SOFT		☒
6	197	233	GRANITE GRAY MED		☒
6	233	250	GRANITE GRAY MED W/FRAC		☒
6	250	268	GRANITE GRAY SOFT		☒
6	268	302	GRANITE GRAY MED		☒
6	302	321	GRANITE GRAY MED W/FRAC		☒
6	321	332	GRANITE GRAY SOFT		☒
6	332	360	GRANITE GRAY MED W/FRAC		☒

Completed Depth (Measurable): 360'

Date Started: 9-25-14 Date Completed: 9-26-14

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 FOGLE PUMP Co. No. 536

*Principal Driller TODD A. LIVER Date 9-26-14

*Driller TODD A. LIVER Date 9-26-14

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.