

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: 87-10756

Date Received: 6/11/19

Receipt No: 7034843

Claim Fee: 25- 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) TIM AND/OR JOLANDA WHITACRE Phone (208) 875-1004
Mailing address PO BOX 169 POTLATCH ID Zip 83855
Street or Box City State
Email address (optional) _____
2. Date of priority: (Only one per claim) JULY 1, 2009 (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 41N, Range 04W, Section 31,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RP41N04W310601
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, PUMP AND PIPELINE TO HOME
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.01 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
Month/Day Month/Day
7. Total quantity claimed 0.01 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 HOME AND LAWN/GARDEN

9. Location of place of use is: Township 41N, Range 04W, Section 31,
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. _____
for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

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.
SPRING _____ or None ()

13. Remarks (include an explanation of the priority date selected):

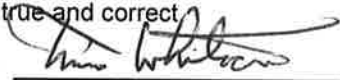
14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

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: _____

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: 11 JUN 2019

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

_____, 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) TIM AND/OR JOLANDA WHITACRE Claim ID _____

Well & Spring Locations, 1059 Headrick Rd, Potlatch ID 83855, Tim & Jolanda Whitacre

Parcel #RP41N04W310601, Township 41North, Range 4West, Section 31, NW ¼ of the NE ¼.

Google Earth - New Placemark

Name: Well, 1059 Headrick Rd Potlatch ID 83855

Latitude: 46°51'32.32"N

Longitude: 116°52'57.75"W

Google Earth - New Placemark

Name: Spring Box, 1059 Headrick Rd, Potlatch ID 83855

Latitude: 46°51'34.02"N

Longitude: 116°53'4.88"W

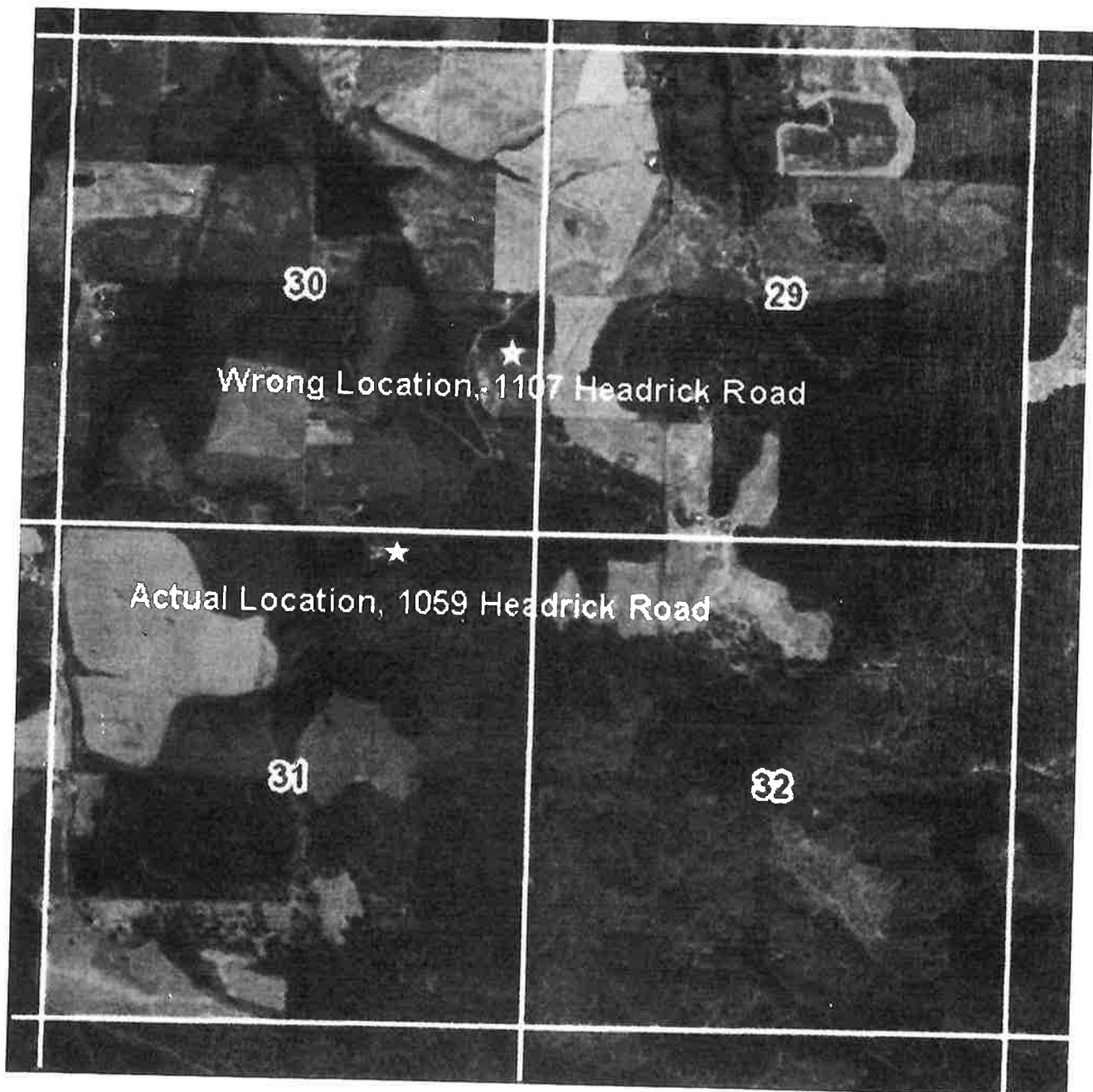


Tim Whitacre's Well Log Documentation Location Typo

My well log, made by McPherson & Wright Drilling, dated 1 Jul 2009, has the street address as 1059 Headrick Road. But the Well Location is listed as:

Township 41North, Range 4West Section 30, NE $\frac{1}{4}$ of the Se $\frac{1}{4}$, which is incorrect. That is 1107 Headrick Road, Scott Luther's property.

It should be Township 41North, Range 4West, Section 31, NW $\frac{1}{4}$ of the NE $\frac{1}{4}$. My address is 1059 Headrick Road, Potlatch ID 83855.



Well Tag # 0055364, Drilling permit # 856534, Drilled by McPherson and Wright Drilling, 1 Jul 2009,
2246 Burrell Ave. Lewiston, Idaho, 208-743-7295

Form 238-7
6/07

**IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT**

1. WELL TAG NO. D 0055364

Drilling Permit No. 856534

Water right or injection well #

2. OWNER

Name TIM WHITACRE

Address PO BOX 169

City POTLATCH

State ID Zip 83855

3. WELL LOCATION:

Twp. 41 North ☒ or South ☐ Rge. 4 East ☐ or West ☒

Sec. 30 NE 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County LATAH

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site 1039 HEADRICK RD.

City POTLATCH

Lot _____

Sub Name _____

4. USE:

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

☐ Other _____

5. TYPE OF WORK check all that apply

(Replacement etc.)

☒ 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 (lb or ft)	Placement method
BENTONITE	0	40	22	DRY

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge	Schedule	Material	Casing	Uter	Threaded	Welded
8	41	40	250		STEEL	☒	☐	☐	☒
8	30	430	200		PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method SAW

Manufactured screen ☐ Y ☐ N Type _____

Method of installation SAW

From (ft)	To (ft)	Slot size	Number/ft	Diameter (inches)	Material	Gauge or Schedule
380	420	1/8	90	6	PVC	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter type	From (ft)	To (ft)	Quantity (lb 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) 361 Static water level (ft) 281

Water temp. (°F) 54 Bottom hole temp. (°F) _____

Describe access point WELL CAP

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Boiler	Air	Flowing artesian
	1	1 HR	☐	☐	☒	☐

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
12	0	3	CLAY BROWN	
12	3	40	ARGELITE BROWN MEDIUM	
8	40	194	ARGELITE BROWN MEDIUM	
8	194	361	ARGELITE BLACK & WHITE	
8	361	366	ARGELITE WHITE & GREEN MEDIUM	X
8	366	430	ARGELITE BLACK & WHITE MEDIUM	

SCANNED

OCT 07 2010

Completed Depth (Measurable) _____

430

Date: Started 5/29/09

Completed 6/4/09

14. DRILLER'S CERTIFICATION

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

MCPHERSON & WRIGHT

Company Name DRILLING

Co. No. 0376

*Principal Driller Tim Whitacre

Date 7/1/09

*Driller Tim Whitacre

Date 7/1/09

*Operator 1 _____

Date _____

Operator 1 _____

Date _____

*Signature of Principal Driller and rig operator are required.

4IN O4W 30