

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: 87-10805

Date Received: 6/11/19

Receipt No: A034837

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) John Mills Phone 208 882-3789

Mailing address 3301 N. MT. View Rd Moscow ID Zip 83843
Street or Box City State

Email address (optional) The Mills @ Moscow, com

2. Date of priority: (Only one per claim) 12-6-2000 (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 40N, Range 05W, Section 28,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of Latah

Parcel no. 40N05W286608

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 Piped 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 JAN 1 to Dec 31 amount .04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 cfs () or AFY ()

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

Domestic 1 Home

9. Location of place of use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. SAME

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.

_____ or None ☒

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

DATE well was drilled

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) Joh Mills Date: JUNE -11-2019

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) _____ Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

JAN - 9 2000

Office Use Only

Inspected by

Twp. Rge. Sec.

1/4

Long:

Lat:

Flowing Artesian

Pumping Level

IDWR/North

1. WELL TAG NO. D 0013742

DRILLING PERMIT NO.

Other IDWR No. 766773

NOV - 7 2000

2. OWNER:

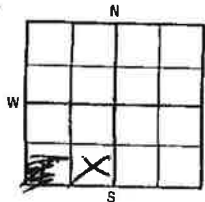
Name Scott Hill

Address 1325 SE Harvest Dr

City Pullman State ID Zip 99163

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 40

Rge. 5

Sec. 28

Gov't Lot

Lat:

North or South

East or West

1/4 SE 1/4 SW 1/4

County Latah

Long:

Address of Well Site End of Mountain

City Moscow

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/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	30	12 bags	Dry

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

Was drive shoe seal tested? ☒ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8" + 2	53	150		steel	☒	☐	☒	☐
4 1/2" - 10	256	160		PVC	☐	☐	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SAW
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-460	570	1/4" x 3/8"	100	4 1/2"	PVC	☒	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

15 ft. below ground Artesian pressure lb.

Depth flow encountered ft. Describe access port or control devices: top of well

40W 5(u) 28 FORWARD WHITE COPY TO WATER RESOURCES

2. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	dirt		
8	2	9	clay		
6	56	70	soft sand decomposed		
6	56	70	med gravel		
7	70	73	brack sears		
7	73	92	med gravel		
7	92	98	brack gravel		
7	98	133	med brack gravel		
7	133	142	brack gravel		
7	142	146	med gravel		
7	146	152	brack gravel		
7	152	179	med gravel		
7	179	230	cherry soft to lat		
			17 gpm		

Completed Depth 230 ft
Date: Started 9-21-00 Completed 9-28-00 (Measurable)

13. DRILLER'S CERTIFICATION

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

Company Name Whelan Drilling Firm No. 123

Firm Official Tom Whelan Date 11/15/00

Driller or Operator Tom Whelan Date 11/15/00

(Sign once if Firm Official & Operator)