

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: 87-10507

Date Received: 5-15-2019

Receipt No: N034420

Claim Fee: \$2500 By: LWO

RECEIVED
MAY 15 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

- Name of claimant(s) TONY L AND/OR JUDITH A ROBERTS Phone (509) 595-5855
Mailing address 413 S MAIN ST COLFAX WA Zip 99111-1910
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 3/15/09 (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 43N, Range 04W, Section 20,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RP43N04W208250A
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 WITH PIPELINE TO PUMPHOUSE
- 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 0.03 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.03 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME (CURRENTLY TRAILER UNTIL HOME COMPLETED)

9. Location of place of use is: Township 43N, Range 04W, Section 20,
NW 1/4 of SE 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):

APPROXIMATE DATE PUMP WAS INSTALLED AND WATER PUT TO BENEFICIAL 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) _____

Date: 5/15/19

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

_____ 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) TONY L AND/OR JUDITH A ROBERTS

Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Location Corrected by IDWR To:

T43N R04W Sec. 20 NWSE

By: chersley 2016-10-11

1. WELL TAG NO. D 0040539
DRILLING PERMIT NO. 835855
Water Right or Injection Well No. _____2. OWNER: Tony Roberts
Name _____
Address 413 S Main
City Coffey State Ida Zip 99111

3. LOCATION OF WELL by legal description:

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

Twp. 34 North 2 or South 4
Rge. 4 East 1 or West 2
Sec. 20 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County Tatah
Lat: _____ Long: _____
Address of Well Site Penner County Line
95 Hwy City Ballach
(Give at least name of road - Direction 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>40</u>	<u>8 lbs</u>	<u>By</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 76'
Was drive shoe seal tested? ☒ Y ☐ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" +2</u>	<u>78</u>	<u>25</u>	<u>std</u>	<u>std</u>	☒	☐	☒	☐
<u>4.5 - 60</u>	<u>400</u>	<u>160</u>	<u>PVC</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method raw cut
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>360</u>	<u>400</u>	<u>1/8x3</u>	<u>100</u>	<u>4 1/2</u>	<u>PVC</u>	☐	☒
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

2.0 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____Top of well
34N 4W 20

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10 gpm</u>			<u>1.5</u>

Water Temp. 54° Bottom hole temp. 54°Water Quality test or comments: Good
Depth first Water Encounter 340'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>dirt</u>		
	<u>2</u>	<u>34</u>	<u>clay</u>		
	<u>34</u>	<u>76</u>	<u>compressed gravel</u>		
<u>6</u>	<u>76</u>	<u>93</u>	<u>med soft gravel</u>		
	<u>93</u>	<u>180</u>	<u>med gravel</u>		
	<u>180</u>	<u>207</u>	<u>coarse gravel</u>		
	<u>207</u>	<u>243</u>	<u>med gravel</u>		
	<u>243</u>	<u>312</u>	<u>coarse gravel white</u>		
	<u>312</u>	<u>400</u>	<u>difficult colour, always changing</u>		

RECEIVED
AUG 29 2005
IDWR/NorthCompleted Depth 400 (Measurable)Date: Started 8/12/05 Completed 8/14/05

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 Whitcomb Drill Firm No. 125Principal Driller Jim Whitcomb Date 8/21/05

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