

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: 87-10907Date Received: 6/11/19Receipt No: X034808Claim 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) Sid & Renee Eder Phone (208) 883-4770Mailing address 1037 TOLD TAIL MOSCOW ID Zip 83843
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 1995 (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 17,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of Latah CountyParcel no. RP 40N05W172107Additional points of diversion, if any: 2nd well also located on same property

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.

Wells and pumps 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 2-12-31 amount .02
Month/Day Month/Day cfs (✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .02 cfs (✓) or AFY ()

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

daily use for one home

9. Location of place of use is: Township 40N, Range 05W, Section 17,
_____ 1/4 of _____ 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.
_____ or None ()

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

date home constructed and hooked to well -
2nd well drilled in 2001

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) Sid Eber Date: 6/11/2018
Bever G. DeR Date: June 11, 2018

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 _____

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Form 11/97 OCT 23 2001

IDAHO DEPARTMENT OF WATER RESOURCES

IDWR/North

WELL DRILLER'S REPORT

1. WELL TAG NO. D 17380

DRILLING PERMIT NO.

Other IDWR No. 770613

2. OWNER:

Name Sid Eder

Address 1237 Tolo Trail

City Moscow

State Id Zip 83843

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Sketch map location must agree with written location.

W Twp. 40 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 17 1/4 SE 1/4 NE 1/4
 Gov't Lot _____ County Latah
 Lat: _____ Long: _____
 Address of Well Site Same City _____

(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/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
bentonite	0	19	200 lbs		dry

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	1	19	250	Steel	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method Saw

Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material
-10	40.3	1/8" x 1/8"	35	6	PVC

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

120 ft. below ground Artesian pressure _____ lb.

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

40N 5W 17

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11. WELL TESTS:

☐ Pump ☐ Bailer

Yield gal./min.	Drawdown	Pumping Level	Time
approx 1/4			

Water Temp. _____

Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 241

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	40	overburden		
10	4	13	soft granit		
10	13	19	granit, firm		
8	19	25	granit, firm		
8	25	30	soft granit		
8	30	30.1	granit, firm		
8	30.1	30.6	soft granit		
8	30.6	31.3	granit, firm		
8	31.3	32.4	granit, firm		
8	32.4	32.5	granit, fract.		
8	32.5	40.3	granit, firm		

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10-2-1 2002

Completed Depth 403 (Measurable)

Date: Started 8/21/01 Completed 8/24/01

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 WITT Well Drilling No. 58

Firm Official Roger Witt Date 10/21/01

and

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

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Form 11/97 OCT 23 2001

IDAHO DEPARTMENT OF WATER RESOURCES
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IDWR/North

1. WELL TAG NO. D 17380

DRILLING PERMIT NO.

Other IDWR No. 770613

2. OWNER:

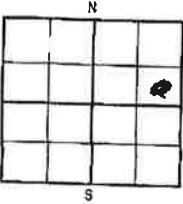
Name Sid Eder

Address 1237 Tolo Trail

City Moscow State ID Zip 83843

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 40 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 17 1/4 SE 1/4 NE 1/4
Gov't Lot County Latah
Lat. Long.
Address of Well Site Same City

(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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other (Replacement etc.)

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	19	200 lbs	dry

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s)

Was drive shoe seal tested? ☐ Yes ☒ No How?

3. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	1	19	250	Steel	☒	☐	☐	☐

Length of Headpipe Length of Tailpipe

1. PERFORATIONS/SCREENS

Perforations Method Saw

Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-10	403	1/8 x 1/8"	35	6	PVC	☐	☒

D. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

120 ft. below ground Artesian pressure lb.

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

40N 5W 17

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Office Use Only
Inspected by
Twp. Rge. Sec.
1/4 1/4 1/4
Lat. Long.

11. WELL TESTS:

☐ Pump ☐ Baller

Yield gal/min.	Drawdown	Pumping Level	Time
approx 1/4			

Water Temp.

Bottom hole temp.

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10	4	13	soft granit		
10	13	19	granit, firm		
8	19	25	granit, firm		
8	25	30	soft granit		
8	30	30	granit, firm		
8	30	206	soft granit		
8	206	213	granit, firm		
8	213	241	granit, firm		
8	241	252	granit, fract.		
8	252	403	granit, firm		

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10-23-2002

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Date: Started 8/21/01

Completed 8/24/01 (Measurable)

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Firm Official Roger Witt Date 10/21/01

and

Driller or Operator Date (Sign once if Firm Official & Operator)