

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: 87-10499Date Received: 5-14-2019Receipt No: N034347Claim Fee: 25.00 By: _____**RECEIVED**

MAY 14 2019

IDWR/NORTH**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) Jeff Kline Phone (208) 669-2609Mailing address 1025 Windsong Lane MOSCOW ID Zip 83843
Street or Box City StateEmail address (optional) JKline@Turbonet.com2. Date of priority: (Only one per claim) 08/30/1990 (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 39N, Range 05W, Section 22,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Latah;Parcel no. RP39N05W272593A

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.

8'X8' sunken wellhouse, placed 1990, thus supplying my home. About 1991, another home supplied by 2" pipe. About 2005, a third home added, connected to said 2" line. See enclosed Well log.

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 Month/Day to 12/31 Month/Day amount 13,000 cfs ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 13000 cfs ☒ or AFY ()

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

Domestic: My home + garden + lawn. Two other homes supplied by this well. They will apply for their own water right

9. Location of place of use is: Township 39N, Range 05W, Section 22,
SW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. _____
for (check one) **Domestic** (X) **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 (X) 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.

Two other homes use this well. They will apply for their own water rights or None ()

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

Well was used for domestic purposes, for this property, since inception.

14. Basis of claim (check one) **Beneficial Use** (X) **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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: one

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) Jeff Kline Date: 4/15/19

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

Agent's title (Please print) _____ of _____
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 _____

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>DALE WILDER</u> Address <u>PO BOX 9725 MOSCOW</u> Owner's Permit No. <u>87-90-N-16</u>		7. WATER LEVEL Static water level <u>259</u> feet below land surface, Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>54</u> °F. Quality <u>GOOD</u> Describe artesian or temperature zones below																																			
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>200</u></td><td><u>300</u></td><td><u>1</u></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>200</u>	<u>300</u>	<u>1</u>																												
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>10 0</u></td><td><u>17</u></td><td></td><td><u>CLAY</u></td><td></td><td>☒</td></tr><tr><td><u>10 1/2</u></td><td><u>101</u></td><td></td><td><u>GRANITE SUB</u></td><td></td><td>☒</td></tr><tr><td><u>10 1/2</u></td><td><u>290</u></td><td></td><td><u>GRANITE FIRM</u></td><td></td><td>☒</td></tr><tr><td><u>8 2/3</u></td><td><u>305</u></td><td></td><td><u>GRANITE BROKEN</u></td><td></td><td>☒</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>10 0</u>	<u>17</u>		<u>CLAY</u>		☒	<u>10 1/2</u>	<u>101</u>		<u>GRANITE SUB</u>		☒	<u>10 1/2</u>	<u>290</u>		<u>GRANITE FIRM</u>		☒	<u>8 2/3</u>	<u>305</u>		<u>GRANITE BROKEN</u>		☒
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																					
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☒ Other <u>PIPE</u> <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>8</u> inches</td><td><u>1</u> feet</td><td><u>19</u> feet</td></tr><tr><td><u>250</u> inches</td><td><u>4</u> inches</td><td><u>4</u> feet</td><td><u>305</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☒ Yes ☐ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☒ Torch Size of perforation <u>1/4</u> inches by <u>6</u> inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>79</u> perforations</td><td><u>260</u> feet</td><td><u>300</u> feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>19</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☒ Threaded ☐ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port <u>WELL SEAL</u>		Thickness	Diameter	From	To	<u>250</u> inches	<u>8</u> inches	<u>1</u> feet	<u>19</u> feet	<u>250</u> inches	<u>4</u> inches	<u>4</u> feet	<u>305</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>79</u> perforations	<u>260</u> feet	<u>300</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet				
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6. LOCATION OF WELL Sketch map location must agree with written location. <table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td><td></td><td></td></tr></table> County <u>CATAN</u> Subdivision Name _____ Lot No. _____ Block No. _____ T. <u>22</u> N. R. <u>5</u> W.		N					W				E											S															
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S																																					
		10. Work started <u>7/29/90</u> finished <u>8/30/90</u>																																			
		11. DRILLERS CERTIFICATION <u>DE</u> I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>BURNS WELL DRILLING</u> Firm No. <u>103</u> Address <u>ROUTE 2 BOX 615</u> Date <u>9/14/90</u> Signed by (Firm Official) <u>G.R. Burns</u> and (Operator) <u>Mark Tail</u>																																			