

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: 87-10501

Date Received: 5-14-2019

Receipt No: N034346

Claim Fee: 25.9 By: _____

RECEIVED

MAY 14 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) Bred or Glenda Bull Phone (BOB) 596-8781
Mailing address PO Box 416 Gonsore Id Zip 83832
Street or Box City State
Email address (optional) _____

2. Date of priority: (Only one per claim) June 06 1977 (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 37N, Range 5W, Section 24
NE 1/4 of SE 1/4, or Govt. Lot 1 BM, County of Nez Perce
Parcel no. _____

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.

260' well, 8" x 6" casing 1 HP pump

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 0.04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs (X) 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 37N, Range 5W, Section 24,
NE 1/4 of SE 1/4, Govt. Lot 1 BM, Parcel no. _____
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? NEZ POSE

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):

well completed 6-6-1977

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: BB 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) Brian Bull Date: 5-14-19

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 _____

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

Location Corrected by IDWR To:

T37N R05W Sec. 24 SENESE

By: segbert 2012-04-17

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 Bob Beilenberg
Address RT 6 SENESE - IDAHO
Owner's Permit No. 87-77-N-15

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 8 1/2 inches Total depth 260 feet
Casing schedule: ☐ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>.025</u> inches	<u>8</u> inches	<u>2</u> feet	<u>70</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

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 _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

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

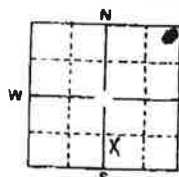
Gravel packed? ☐ Yes ☐ No Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 70 Material used in seal ☐ Cement grout
☒ Pudding clay ☒ Well cuttings

Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing
CASING TOP - WELL SEAL ☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. 1 Block No. _____

County SA SE 1E3 PERCE
T. 34 N. 37 W. 5 E. 1

7. WATER LEVEL

Static water level 137 ¹³⁷ feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow 30
Temperature 58 ° F. Quality Good
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other dr
Discharge G.P.M. 5 Draw Down 2.35 Hours Pumped 3

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water Yes/No
	From	To		
8"	0'	5'	Top soil	X
8"	5'	68'	Clay	Y
6"	68'	210'	Basalt rock, medium hard	X
6"	210'	235'	Medium soft, black & brown interbed	Y
6"	235'	240'	Grey, hard clay	X
6"	240'	260'	Medium hard basalt, fractured	X

RECEIVED
AUG 17 1978
Department of Water Resources
Northern District Office

10.

Work started 6-1-77 finished 6-6-77

11. DRILLERS CERTIFICATION

Firm Name DeTray Drilling & Service Firm No. 150
Address 1036 15th St. Clarkston Date 6-29-77
Signed by (Firm Official) [Signature]
and
(Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT