

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: 87-10548

Date Received: 5-14-2019

Receipt No: X034569

Claim Fee: 25.00 By: _____

RECEIVED

MAY 16 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) Rae N Hodge Phone (208) 305-8119
Mailing address 711 Vista Ave Lewiston ID Zip 83501
Street or Box City State
Email address (optional) raenellh@hotmail.com
- Date of priority: (Only one per claim) 09/11/1999 (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 42 N, Range 05 W, Section 12,
_____ 1/4 of _____ 1/4, or Govt. Lot _____, BM, County of Latah,
Parcel no. RP42N 05W 120042
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 and pump to home
- 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 .04 cfs (☒) or AFY ()
For Stock water purposes from 1-1 to 12-31 amount .02 cfs (☒) or AFY ()
- Total quantity claimed .06 cfs (☒) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
one home, 3 horses 24 chickens

9. Location of place of use is: Township 42N, Range 05W, Section 12,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) Domestic () Stock () Domestic and Stock (X)

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.

_____ or None (X)

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

Date of well completion

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: _____

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: 05/16/2019

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 _____

11/97

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 00 10588

DRILLING PERMIT NO. _____

Other IDWR No. _____

2. OWNER:

Name

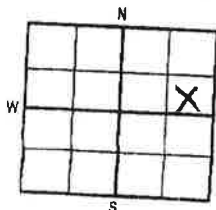
Address

City

Rae Hodge3176 Highway EastMoscowState ID Zip _____

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 45North ☒ orSouth ☐Rge. 5East ☐ orWest ☒Sec. 1

1/4

SE

1/4

NE

Gov't Lot _____

County

LATAH

150 acres

Lat: _____

Long: _____

Address of Well Site

5 miles

City

Potlatch

(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

(Replacement etc.)

☐ Other _____

6. DRILL METHOD

☒ Air Rotary☐ Cable☐ Mud Rotary☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Bentonite</u>	<u>0</u>	<u>60</u>	<u>450</u>	<u>7</u>	<u>Top Pour</u>

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____Was drive shoe seal tested? ☒ Y ☒ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>4 1/2</u>	<u>155</u>	<u>275</u>	<u>160</u>	<u>PVC</u>	☒	☐	☐	☐
<u>4 1/2</u>	<u>155</u>	<u>275</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations☐ Screens

Method

SAW

Screen Type _____

From	To	Slot Size	Number	Diameter	Material
<u>255</u>	<u>275</u>	<u>1/2 x 4</u>	<u>38</u>	<u>4 1/2</u>	<u>PVC</u>

Casing

Liner

Completed

Depth

275'

(Measurable)

Date: Started

9-10-99

Completed

7-11-99

13. DRILLER'S CERTIFICATION

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

Company Name HALE North DrillingFirm No. 12

Firm Official

Jim J. McCarrollDate 10-17-99

and

Driller or Operator

Jim J. McCarrollDate 10-17-99

(Sign once if Firm Official & Operator)

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

26 ft. below ground

Artesian pressure _____ lb.

Depth flow encountered _____

Control devices: _____

Describe access port or _____

Top of casing

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only

Inspected by _____

Twp _____

Rge _____

Sec _____

1/4

1/4

1/4

Lat: _____

Long: _____

11. WELL TESTS:

☐ Pump☐ Bailor☒ Air☐ Flowing Artesian

Yield gal./min	Drawdown	Pumping Level	Time
<u>15</u>			<u>1.00</u>

Water Temp. 57°Water Quality test or comments: Good

Bottom hole temp. _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	A
<u>8</u>	<u>0</u>	<u>2</u>	<u>Drift</u>		
<u>8</u>	<u>2</u>	<u>78</u>	<u>Clay</u>		
<u>8</u>	<u>78</u>	<u>150</u>	<u>Soft Shale</u>		
<u>8</u>	<u>150</u>	<u>152</u>	<u>Med Hd Shale</u>		
<u>8</u>	<u>152</u>	<u>225</u>	<u>" " "</u>		
<u>8</u>	<u>225</u>	<u>275</u>	<u>Med Hd Green Shale</u>	<u>15</u>	