

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: 87-107.33Date Received: 5-14-2019Receipt No: NO34549Claim 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) Jim & Pam COLBERT Phone (208) 882-7643
Mailing address 2111 ORCHARD AVE Zip 83843
Street or Box City State moscow, ID
Email address (optional) colbertp@live.com
- Date of priority: (Only one per claim) 2-1-1968 (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 39N, Range 05W, Section 5,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of LATAH
Parcel no. RP39N05W051215A
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.
Original well not usable due to too much iron. Replacement well drilled in 2006
- 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 cfs ☒ or AFY () amount .04
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs (☒ or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 Home

9. Location of place of use is: Township 39N, Range 05W, Section 5,

_____ 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** ()

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 original well was hooked up to home
Replacement well drilled in 2006

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) _____

Date: 5-16-19

Date: 5-16-19

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 _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

WELL TAG NO. D 0047034
RILLING PERMIT NO. _____
later Right or Injection Well No. _____

OWNER: Tim Colbert
ame _____
ddress 2111 Orchard Valley
ity Missoula State MT Zip 59804

LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.
wp. 29 North ☒ or South ☐
ge. 5 East ☐ or West ☒
ec. 5 1/4 NE 1/4 SW 1/4
ov't Lot _____ County Flathead
at: _____ Long: _____
ddress of Well Site same as above
City _____
(Give at least name of road + Distance to Road or Landmark)
Blk. _____ Sub. Name _____

USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

TYPE OF WORK check all that apply

(Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Cementite</u>	<u>0</u>	<u>408 ft</u>	<u>dry</u>	

as drive shoe used? ☒ Y ☐ N Shoe Depth(s) 200 ft
as drive shoe seal tested? ☒ Y ☐ N How? air

CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>72</u>	<u>198</u>	<u>250</u>	<u>steel</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
icker ☐ Y ☒ N Type _____

PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

1. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>None</u>				

STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Top of well

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ : _____ : _____ Long: _____ : _____ : _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30 plus</u>			

Water Temp. 54° Bottom hole temp. 54°
Water Quality test or comments: Just as much as I know
Depth first Water Encounter 2'0

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>1</u>	<u>2</u>	<u>dirt</u>		
	<u>2</u>	<u>192</u>	<u>clay</u>		
	<u>192</u>	<u>252</u>	<u>limestone</u>		
	<u>252</u>	<u>358</u>	<u>good grey limestone</u>		
	<u>358</u>	<u>370</u>	<u>wood in water</u>		
			<u>air</u>		

Completed Depth 270 (Measurable)
Date: Started 8/21/06 Completed 8/23/06

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. 125
Principal Driller Tim Whitcomb Date 9/15/06
and _____
Driller or Operator II _____ Date _____
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II