

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: 87-11178

Date Received: 6/13/19

Receipt No: N034955

Claim Fee: 25- By: LH

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JUN 13 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) Will Fontaine Phone (208) 907-0958
Mailing address 5217 Robinson Park Rd Moscow ID Zip 83843
Street or Box City State
Email address (optional) willzfontaine@gmail.com
- Date of priority: (Only one per claim) 05/12/2001 (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 39, Range 5, Section 1
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of _____
Parcel no. RP39N05W012260 A
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 #1 250' Low flow into cistem. 3/4 GPM
Well #2 500' Supplements same system as #1. 3/4 GPM
- 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 0.01 cfs ☒ or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.01 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home + lawn & garden

9. Location of place of use is: Township 39, Range 5, Section 1,
SE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. Same
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):
Well logs - Well is in yard between home & creek

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) Bill [Signature] Date: 6/13/19

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 _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	Long	:
☒ Air		☐ Flowing Artesian	

1. WELL TAG NO. D

00 17114

DRILLING PERMIT NO.

Other IDWR No.

768885

2. OWNER:

Name

Ken Butterfield

Address

5217 Robinson Park Rd.

City

Moscow

State

ID Zip 83842

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		E		S		W	

Twp. 39 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 1 1/4 SE 1/4 NE 1/4
Gov't Lot _____ County LATAH 10 acres 40 acres 160 acres
Lat: _____ Long: _____

Address of Well Site

5217 Robinson

Park Road

City Moscow

(Give at least name of road + Distance to Road or Landmark)

L1. _____ 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	18	200 #		Top Pour

Was drive shoe used? ☒ N Shoe Depth(s) 18 ft
Was drive shoe seal tested? ☒ Y ☐ N How? Air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-18	250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method

Screens

Screen Type

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

39N 5W 1

FORWARD WHITE COPY TO WATER RESOURCES

11. WELL TESTS:

☒ Pump ☐ Bailor

Yield gal./min.	Drawdown	Pumping Level	Time
<u>North 5.75</u>			<u>1.50</u>

Water Temp. 57°

Bottom hole temp. _____

Water Quality test or comments: GoodDepth first Water Encounter 335'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	2	Overburden		
8	2	9	Clay		
8	9	12	HARD Granite Gray		
6	12	89	" "		
6	89	99	Softer Brown Granite		
6	99	117	Blue Gray Granite		
6	117	335	Med Hd Granite		
6	335	370	Soft Brown Granite		
6	370	400	Med Hd Brown White Granite		
6	400	525	Softer Brown Granite		

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SEP 14 2001

Department of Water Resources

Completed Depth 525 (Measurable)Date: Started 5-10-01 Completed 5-22-01

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 UHLENKOTT DRILLING Firm No. 125Firm Official Don J. Uhlenkott Date 6-12-01and Driller or Operator William Uhlenkott Date 6-12-01

(Sign once if Firm Official & Operator)