

Claim Fee: 2500 By: JL

Where Daily Use is less than 13,000 gallons per day

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

9. Location of place of use is: Township 41N, Range 04W, Section 2,
SE 1/4 of SE 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):

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) Stella M. Dumbrey 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

_____ 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

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

1. WELL TAG NO. D 0040691
DRILLING PERMIT NO. 835769
Water Right or Injection Well No. _____

2. OWNER:
Name Delfred Cone
Address 1007 Bear Cr Rd
City Princeton State Id Zip 83857

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 41 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 2 1/4 SE 1/4 SE 1/4
Gov't Lot _____ County Latah

Lat: _____ Long: _____
Address of Well Site 3701 Highway 6
City Princeton

LI. _____ 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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>4.5</u>	<u>8 bags</u>	<u>Dry</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58 ft
Was drive shoe seal tested? ☒ Y ☐ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8" + 2"</u>	<u>0</u>	<u>58</u>	<u>2.50</u>	<u>steel</u>	☒	☐	☒	☐
<u>6" - 30"</u>	<u>180</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐	☐
<u>6" - 30"</u>	<u>180</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw cut

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>140</u>	<u>180</u>	<u>1/8 X 3/100</u>	<u>100</u>	<u>6"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10 gpm</u>			

Water Temp. 54° Bottom hole temp. 54°
Water Quality test or comments: good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>dirt</u>		
	<u>2</u>	<u>42</u>	<u>clay</u>		
	<u>42</u>	<u>58</u>	<u>soft shale</u>		
	<u>58</u>	<u>93</u>	<u>med shale</u>		
	<u>93</u>	<u>108</u>	<u>hard shale</u>		
	<u>108</u>	<u>130</u>	<u>soft shale</u>		

Completed Depth 180 ft (Measurable)
Date: Started 9/1/05 Completed 9/3/05

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 Whelan Drill Firm No. 125
Principal Driller Jim Whelan Date 9/25/05
and _____
Driller or Operator II _____ Date _____
Operator I _____ Date _____

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

