

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: 87-11292Date Received: 7-8-19Receipt No: 2035164Claim Fee: 2500 By: Ja

RECEIVED

JUL 08 2019

IDWR / NORTH

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) Jim Allen Benson and Betty G Benson Phone (208) 883-1054
Mailing address 1096 Wallen Rd, Moscow Idaho Zip 83843
Street or Box City State
Email address (optional) jimbenson@moscow.com and bettybenson@moscow.com
2. Date of priority: (Only one per claim) 08/01/1984 (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 39N, Range 5W, Section 12,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Latah
Parcel no. Lot 4 Smith Addition
Additional points of diversion, if any: N/A
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.
See well report

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For _____ Domestic _____ purposes from Month/Day 1-1 to Month/Day 12-31 amount cfs (✓) or AFY () 0.04
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs () 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 39N, Range 5W, Section 12,
NW 1/4 of NE 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: 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) Jim A Benson Date: 7-2-19
Betty A Benson Date: 7/2/2019

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 _____

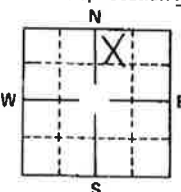
Name of claimant(s) _____ Claim ID _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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.USE TYPEWRITER OR
BALLPOINT PEN

JUL 23 1987

1. WELL OWNER Name <u>Jim Benson</u> Address <u>Moscow</u> Owner's Permit No. <u>87-83 N-21</u>		7. WATER LEVEL Static water level <u>72</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>5 G.P.M. Artesian</u>																																																					
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>1</td><td>Soil</td><td></td><td></td></tr><tr><td>6</td><td>1</td><td>7</td><td>Clay - tan</td><td></td><td></td></tr><tr><td>6</td><td>7</td><td>96</td><td>Granite - Thin hard - Blk/wh</td><td></td><td></td></tr><tr><td>6</td><td>96</td><td>97</td><td>Granite - fractured - Blk/wh</td><td></td><td></td></tr><tr><td>6</td><td>97</td><td>133</td><td>Granite - fractured - Blk/wh</td><td></td><td></td></tr><tr><td>6</td><td>133</td><td>136</td><td>Granite - fractured - Blk/wh</td><td></td><td></td></tr><tr><td>6</td><td>136</td><td>143</td><td>Granite - Thin hard - Blk/wh</td><td></td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	1	Soil			6	1	7	Clay - tan			6	7	96	Granite - Thin hard - Blk/wh			6	96	97	Granite - fractured - Blk/wh			6	97	133	Granite - fractured - Blk/wh			6	133	136	Granite - fractured - Blk/wh			6	136	143	Granite - Thin hard - Blk/wh		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		10. Work started <u>8-15-83</u> finished <u>8-17-83</u>																																																					
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☒ Other <u>Plastic</u> Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet <u>250</u> inches <u>8</u> inches <u>1</u> feet <u>20</u> feet <u>250</u> inches <u>6</u> inches <u>17</u> feet <u>105</u> feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☒ Saw Size of perforation <u>1/16</u> inches by <u>12</u> inches Number _____ From _____ feet To _____ feet <u>30</u> perforations <u>85</u> feet <u>105</u> 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 <u>20</u> Material used in seal: ☒ Cement grout ☐ Bentonite ☐ Puddling clay Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. <u>McPherson & Wright</u> Firm Name <u>Shilling</u> Firm No. <u>376</u> Address <u>2246 Burrill</u> Date <u>8-18-83</u> Signed by (Firm Official) <u>Ray McPherson</u> and (Operator) <u>Ted Reubyn</u>																																																					
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Latah</u> N/W 1/4 N/E 1/4 Sec. <u>12</u> , T. <u>39</u> , R. <u>5</u> NW.																																																							