

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: 87-10923

Date Received: 5-23-19

Receipt No: N034643

Claim Fee: \$25 By: JA

RECEIVED

MAY 23 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

- Name of claimant(s) AUGUST DEERKOP & SONS, INC Phone (208) 875-0989
Mailing address 5656 HWY 95 N POTLATCH ID 83855
Street or Box City State Zip
Email address (optional) _____
- Date of priority: (Only one per claim) 10/14/2010 (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 42N, Range 05W, Section 26,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RP42N05W264900
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 WITH PIPELINE 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 0.04 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 42N, Range 05W, Section 26,
NE 1/4 of SW 1/4, Govt. Lot BM, Parcel no. SAME

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 WELL WAS COMPLETED AND PUT TO USE

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: 2

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: _____

_____ 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

PRESIDENT of AUGUST DEERKOP & Sons Inc.
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 Barbara DeLong Date 23 May 2, 19

Printed Name of Authorized Agent BARBARA DEERKOP

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) AUGUST DEERKOP & SONS, INC Claim ID

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

This is incorrect!!
We pay taxes on T42 *Corrected*
5/14/10
Location Corrected by IDWR To:
T41N R05W Sec. 14 SENENW
By: mciscell 2013-10-16

1. WELL TAG NO. D 0058314
Drilling Permit No. 860193
Water right or injection well # _____
2. OWNER: Barbara Deerkap
Name Barbara Deerkap
Address 3207 Fourth St.
City Lewiston State ID Zip 83501

3. WELL LOCATION:
Twp. 42 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 26 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County Latah
Lat. 46 ° 57.038 (Deg. and Decimal minutes)
Long. 116 ° 55.766 (Deg. and Decimal minutes)
Address of Well Site 1 mile north of Potlatch on Hwy 95 on Right side of Potlatch
(Name of local name of road + Distance to Road + Landmark)
Lot. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:
☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
<u> Bentonite (granules) </u>	<u>0</u>	<u>40</u>	<u>23 sacks</u>	<u>top pour</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
<u>8"</u>	<u>+2</u>	<u>40</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒
<u>4 1/2"</u>	<u>5</u>	<u>85</u>	<u>200</u>	<u>PVC</u>	☐	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40'

9. PERFORATIONS/SCREENS:
Perforations ☒ Y ☐ N Method skill saw
Manufactured screen ☐ Y ☒ N Type _____
Method of Installation _____

From (ft)	To (ft)	Slot size	Number	Diameter (nominal)	Material	Gauge or Schedule
<u>45</u>	<u>85</u>	<u>1/4"</u>	<u>15</u>	<u>4 1/2"</u>	<u>PVC</u>	<u>200</u>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 69 Static water level (ft) 18
Water temp. (°F) 51° Bottom hole temp. (°F) _____
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>85</u>	<u>15</u>	<u>60</u>

Test method:
Pump ☐ Baller ☐ Air ☒

Water quality test or comments: good

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water
				Y N
<u>12"</u>	<u>0</u>	<u>29</u>	<u>dirt + clay mix</u>	☒
<u>12"</u>	<u>29</u>	<u>40</u>	<u>black bsalt</u>	☒
<u>8"</u>	<u>40</u>	<u>69</u>	<u>black bsalt</u>	☒
<u>8"</u>	<u>69</u>	<u>75</u>	<u>soft black bsalt</u>	☒
<u>8"</u>	<u>75</u>	<u>85</u>	<u>sand</u>	☒

Completed Depth (Measurable): 85
Date Started: 10/13/10 Date Completed: 10/14/10

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 Brett Ulenkott Drilling No. 709
*Principal Driller Brett Ulenkott Date 10/25/10
*Driller _____ Date _____
*Operator II _____ Date _____
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

42 N 05W 26

SENE

SWNW

SENW

SWNE

PIN: RP42N05W264900

NESE 27

NWSW

26

42N05W

87

well

SESE

SESW

SWSE

34

NENE

35

NENW

NWNE

The USDA-FSA Aerial Photography Field office asks to be credited in derived products.

The USDA-FSA Aerial Photography Field office asks to be credited in derived products.