

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: 87-10977Date Received: 5-30-19Receipt No: N0341093Claim Fee: 25.00 By: NS

RECEIVED

MAY 30 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) Mary or Mike Mattoon Phone (208) 882-8758Mailing address 1601 Orchard Ave, Moscow ID Zip 83843
Street or Box City StateEmail address (optional) ML Mattoon@msn.com2. Date of priority: (Only one per claim) 11-19-2003 (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 5
39 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Latah

Parcel no. _____

Additional points of diversion, if any: _____

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.

Well

6. 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 0.02

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.02 cfs () or AFY ()

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

one homewith
5/30/19 NW

note 5/30/19

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

NW 34 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.

City H2O for home & some lawn 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) Mike Mattoon

Date: 5/30/2019

Michelle Mattoon

Date: 5/30/2019

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

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 _____

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

1. WELL TAG NO. D 0028942
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER: Mike Mattson
Name 1601 Orchard Ave
Address Moscow
City Id State 83844 Zip

3. LOCATION OF WELL by legal description:

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

Twp. 39 North ☒ or South ☐
Rge. 5 East ☐ or West ☐ *East*
Sec. 5 $\frac{1}{4}$ *SE* $\frac{1}{4}$ *SE* $\frac{1}{4}$
Gov't Lot $\frac{10 \text{ acres}}{\text{County}}$ $\frac{40 \text{ acres}}{\text{County}}$ $\frac{160 \text{ acres}}{\text{County}}$

Lat: : : Long: : :
Address of Well Site 1601 Oxford Ave
Moscow City

Lt. _____ 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
Antibiotic	0	44	9 bags	Strong

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

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" +2	138	200		steel	☒	☐	☒	☐
4 1/2" -138	228	166		PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method cut
Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
190	225	1/4 X 3/4	100	4 1/2	PVC	☐	☒
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
307			1.5

Water Temp. 54° Bottom hole temp. 54°

Water Quality test or comments: Road

Depth first Water Encounter

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth	225' / 14' / 14'	(Measurable)
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Date: Started 11/18/83 Completed 11/19/83

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 & Walker Firm No. 12

Principal Driller Mr. Underhill Date 11/30

Driller or Operator II _____ Date _____

Operator I Tom Whitworth Date 11/26/11

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



1 - Well
2 - Place of use