

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: 87-10862

Date Received: 5-20-19

Receipt No: N034607

Claim Fee: 2500 By: JCU

RECEIVED

MAY 20 2019

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

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) DALE P. WAGLE Phone (509) 595-5668
Mailing address 1545 Rock Creek Rd. Pocatello ID Zip 83855
Street or Box City State
Email address (optional) JPWAGLE49@GMAIL.COM
- Date of priority: (Only one per claim) _____ (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (X) (a) WRLW
which is tributary to (b) Rock Creek
- Location of point of diversion is: Township 41 N, Range 49 West, Section 19
NW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Latah
Parcel no. RP 41 NW 1/4 19 49 44
Additional points of diversion, if any: 2nd well NWSE 5.18, T41N, R4W
If available, GPS coordinates: -116.895069 46.893502; -116.884538 46.893532
- 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.
Wells to house & shop
- 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 0.02 cfs () or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.02 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 Home

9. Location of place of use is: Township 41 N, Range 4 W, Section 18,
NW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. RP41N04W187838A
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? _____

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 Log Permib # 87-89-N-12

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.

X Signature of Claimant(s) Jack G. Mogle Date: 5-14-19

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.

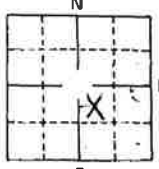
Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

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.

1. WELL OWNER Name <u>JAMES G. LARSON</u> Address <u>Box 84A, POTLATCH, ID</u> Owner's Permit No. <u>87-89-N-12</u>		7. WATER LEVEL Static water level <u>8</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 _____ <i>Describe artesian or temperature zones below.</i>																																			
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>5 GPM AIR TEST</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>32</td><td>CLAY BRICK</td><td></td><td></td></tr><tr><td>8 1/2</td><td>32</td><td>148</td><td>ARGILLITE - GRAY - MED</td><td></td><td></td></tr><tr><td>6</td><td>148</td><td>161</td><td>" - GRAY - COAR.</td><td></td><td></td></tr><tr><td>6</td><td>161</td><td>205</td><td>" - " - MED</td><td></td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	32	CLAY BRICK			8 1/2	32	148	ARGILLITE - GRAY - MED			6	148	161	" - GRAY - COAR.			6	161	205	" - " - MED		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED JAN 24 1991 NORTHERN REGION IDWR																																			
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>8</u> inches</td><td><u>1</u> feet</td><td><u>40</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ 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>40</u> feet. Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding 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 _____				Thickness	Diameter	From	To	<u>250</u> inches	<u>8</u> inches	<u>1</u> feet	<u>40</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet														
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision <u>Alpe</u> Lot No. _____ Block No. _____ County <u>LATAH</u> <u>NW 1/4 SE 1/4 Sec. 18, T. 41 N. R. 4 W.</u>		10. Work started <u>9-5-89</u> finished <u>9-6-89</u>																																			
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. McPHERSON & WRIGHT DRILLING Firm Name <u>2248 Russell</u> Firm No. <u>376</u> <u>Coeur d'Alene, Idaho 83814</u> Address _____ Date <u>1-19-91</u> Signed by (Firm Official) <u>Ray McPherson</u> and (Operator) <u>Paul Wright</u>																																					

House - well 192 FT. Deep

Static 22 FT,

Gal. min. 6 gal

Pump - 6 Sta-vite $\frac{3}{4}$ H.P. - 10 gal. min.