

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: 87-10882

Date Received: 5-20-19

Receipt No: N034614

Claim Fee: 250 By: Ja

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) NORMAN D. JOHNSON & ELAINE M. JOHNSON Phone (305) 898-3517
Mailing address 1054 FIDDLERS RIDGE LOOP POTLATCH IDAHO Zip 83855
Street or Box City State
Email address (optional) Miapot2@bellsouth.net
- Date of priority: (Only one per claim) OCT 30 1998 (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 42 N, Range 05 W, Section 35,
NE 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RP 42N05W357800 A
Additional points of diversion, if any: _____
If available, GPS coordinates: 46-56-18 N 116-56-32 W
- 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.

- 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)
(1) ONE

NE 1/4 of 1/4, Govt. Lot BM, Parcel no. RP 42N05W357800 A
If different than shown in Item 4

Additional places of use, if any

If the answer is No, describe in Remarks below the authority you have to claim this water right.

_____ or None (X)

If applicable provide IDWR Water Right Number _____

Number of attachments: _____

Brian M. Johnson Date: 17 MAY 2019

Printed Name of Authorized Agent _____

Name of claimant(s) _____ Claim ID _____

OCT 30 1958

WELL DRILLER'S REPORT

77473

2. OWNER Jon H. Falms
Name 1088 Boiler Rd.
Address Bethlehem
City PA 18018

1 LOCATION OF WELL by legal description:
 Section 36, Township 42N, Range 10E, T14N, R10E, S42E

 Tag 42 Name X G
Age 5 Sex M Weight X
Sex 35 Sex N Hair Brown
Social Sec # _____
Address of Web Site 1088 Biller Rd
Cambridge MA 02142

USE

☒ Mallet ☐ Hammer ☐ Sledge ☐ Pickaxe

TYPE OF WORK

☒ Nail ☐ Nail ☐ Nail ☐ Nail ☐ Nail

DRILL METHOD

☒ Hand ☐ Hand ☐ Hand ☐ Hand

SEALING PROCEDURES				
CONCRETE TYPE			APPLICATOR	WITNESS
MATERIAL	THICK	TO	DATE & TIME	
Bentonite	0	165	23	Phy Bae

1. When show used? ☒ 2. Show Details: 256
 3. When show used last time? ☒ 4. AIR
CASING LIDER

GROUP	TIME	STAGE	BOOKING	LEADS	LINE	WEEKEND	THURSDAY
8 th	+2	256	25	3rd			
C th	-110	156	PLC				

PERFORATIONS SCREENS

Age	Sex	To. No.	Weight	Length	Water	Clipping
410	450	6/10	6.0	6"	Plk	

STATIC WATER LEVEL OR ARTESIAN PRESSURE:
200 ft below ground Artesian pressure ft
pot line encountered 30 ft Describe access point or
method Devices Removable Well Cap

11. WELL TESTS

DATE	DESCRIPTION	AMOUNT	BALANCE
3		440	240

Air Temp 52° (Bubble tube temp)
Water Quality and Comments 1/16 Color
Dissolved Oxygen / meter 3.0

12. LITHOLOGIC LOG: (Describe layers or abandonment) water

Box	Size	Weight	Remarks (Color)	Ratio	Quality	Temperature		
10	10	165	Clay					8
8	165	300	Clay	250				8
8	300		Schale					8
8	250	280	Clay					8
8	280	300	Schale					8
8	300	315	Fingert Granite				x	8
8	315	340	Schale					8
8	340	348	Schale					8
8	348	360	Lins					8
8	360	370	Schale					8
8	370	390	Bauste					8
8	390	400	Schale					8
8	400	410	Lins					8
8	410	420	Quarz					8

Completed Depth 450
Date Started 10-15
Completed 10-23

13. DRILLER'S CERTIFICATION

The jury had at minimum met construction standards were completed with at the time the rig was removed.

Company Name Brown Well Drilling Form No. 103
 Firm: Official D. Brown Date 10/28/98
 and _____
 Order to Operator D. Brown Date 10-27-98
 (Signature & Print Name)

WATER RESOURCES