

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: 87-11386

Date Received: 7-30-19

Receipt No: N035283

Claim Fee: \$2522 By: JA

RECEIVED

JUL 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) VICKI ANDERSON FAMILY TRUST Phone (949) 355-2171

Mailing address 3334 E COAST HWY #331 CORONA DEL MAR CA Zip 92625
Street or Box City State

Email address (optional) vickia11@pacbell.net

2. Date of priority: (Only one per claim) 06/12/1999 (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 41N, Range 05W, Section 33,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of LATAH

Parcel no. RP41N05W330623

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 PIPED INTO CISTERN THEN PIPED TO HOME

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 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)

DOMESTIC USE FOR 1 HOME AND A SHOP

9. Location of place of use is: Township 41N, Range 05W, Section 33,
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME
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):

DATE WELL COMPLETED AND WATER 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: 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) _____ 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

TRUSTEE of VICKI ANDERSON FAMILY TRUST
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 Vicki Anderson Date 7/30/19

Printed Name of Authorized Agent VICKI ANDERSON

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) VICKI ANDERSON FAMILY TRUST Claim ID _____

717199

WELL DRILLER'S REPORT

076418

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____

Lat: _____ Long: _____

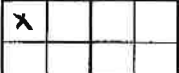
11. WELL TESTS:

☐ Pump ☐ Bailer☒ Air ☐ Flowing Artesian

Name Richard Bailey POS
Address 806 Park Ave.
City Moscow State Id Zip 83843

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 Twp. 41 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 W  E
 Sec. 33 1/4 NW 1/4 NW 1/4
 Gov't Lot _____ 10 acres 40 acres 160 acres
 County Latah
 Lat: _____ Long: 115° 15' 15.75"
 S 1577 Hubbard
 Rd City V. 1012
 (Give at least name of road + Distance to Road or Landmark)

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

[illegible]

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 92'
Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+2	-92	250	Steel	☒	☐	☒	☐
4 1/2"	-75	-175	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

X Perforations Method SAW
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Coating	Liner
-155	-175	1/2x4	32	4 1/2	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

34 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: Top of casing

Yield gal/min.	Drawdown	Pumping Level	Time
6			1.00

Water Temp. 56° Bottom hole temp. _____

Water Quality test or comments: Good

Depth first Water Encounter 91

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name UHLERKOH DRILLING Firm No. 125

Firm Official Jim J. McLaughlin Date 6-27-99
and

Driller or Operator David Richard Date 6-27-99
(Sign once if Firm Official & Operator)

41 N 5 W 33

FORWARD WHITE COPY TO WATER RESOURCES