



THE HUNTER RANCH

PO Box 826
Council, ID 83612
(208)-253-6200

RECEIVED
JUL 30 2019
DEPARTMENT OF
WATER RESOURCES

State of Idaho Department of Water Resources
322 East Front Street, P.O. Box 83720
Boise, Idaho 83720-0098
Craig L. Saxton
Water Right Supervisor
Adjudication Bureau

July 27, 2019

Dear Mr. Saxton,

Our hope is that you are in good health and you are able to withstand the shock of us writing to you again. We were going over our files again and found that we were amiss in not filling out our Domestic and/ or Stockwater Purposes forms. As you know we went through two attorneys and neither one would help us with the filling out of the forms and at the same time we didn't want to bother you anymore, then we did.

We are still without any Water and now we have another problem there are two Major Blow Outs in both Mill Creek and East Fork Head Gates and of this date they haven't been repaired. Mr. Hill is no longer the owner of Section (25) so now we are dealing with the new owner. She has been trying to get the Head Gates repaired to no avail so we have been told. No one seems to be in a hurry to fix the problem because of all the free Water flowing their way.

We have been using our Well for not only our Domestic purposes but also for our Livestock throughout the Winter and Summer. We have enclosed the forms you sent us June 16, 2009 with a couple of additions Line # 6 I added also Stockwater, Line # 9 I whitened out Domestic and checked Domestic and Stock. I tried to access your WWW for registering Domestic Well forms it appears that it has been changed. We have also enclosed a check for \$25.00 for filing fee, please let me know if you need any more.

Again, we would like to thank-you for all of your help over the years plus giving us both an education about Water Rights.

Yours in Freedom,

Jeff and Susanne Hunter

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number

Date Received:

Receipt No:

Received By:

RECEIVED

JUL 30 2019

DEPARTMENT OF
WATER RESOURCES

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

1. Name of Claimant(s) Jeff and Susanne Hunter Phone (208) 253-6200

Mailing Address P.O. Box 826
Street or Box

Council ID
City

83612
State Zip

2. Date of Priority: (Only one per claim) 9-22-2005
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 17N, Range 1W, Section 26,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM., County of ADAMS

Parcel (PIN) no. RP17N01W261802

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.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC and/or Stockwater purposes from 1-1 to 12-31 amount 0.04
Month/Day Month/Day cfs(✓) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic use is for one home.

9. Location of Place of Use is: Township 17N, Range 1W, Section 26,
SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) 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? _____

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.

None ☐ _____

13. Remarks: _____

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 notice in the Coeur d' Alene-Spokane River Basin Adjudication." (b.) I/We do ☒ wish to receive do not ☐ 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) [Signature] Date: 7/27/19

[Signature] Date: 7/27/19

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

And that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of
behalf of 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 _____

Last Name _____ Identification No. _____

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

83615
Office Use Only
Well ID No. 46
Inspected by _____
Twp _____ Rge _____
1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D00 40765
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Jeffrey Hunter
Address P.O. Box 826
City Council ID State ID Zip 83612

3. LOCATION OF WELL by legal description:

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

Twp. 12 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 26 1/4 NW 1/4 NE 1/4
Gov't Lot _____ County ADAMS

Lat: _____ Long: _____
Address of Well Site 1/4 N. E on Sprinkler Lane
off US 95 City Council
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
<u>Bentonite</u>	<u>0</u>	<u>22</u>	<u>450 #</u>	<u>Top Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 143 ft
Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-143</u>	<u>260</u>	<u>steel</u>	☒	☐	☒	☐
<u>4.5"</u>	<u>-140</u>	<u>-260</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>220</u>	<u>-260</u>	<u>1/4" x 1"</u>	<u>42</u>	<u>4.5</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Au

Yield gal/min.	Drawdown	Pumping Level
<u>40</u>		

Water Temp. 56° Bottom _____

Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temp
<u>10</u>	<u>0</u>	<u>3</u>	<u>Overburden</u>
<u>10</u>	<u>3</u>	<u>22</u>	<u>Brown Sticky Clay</u>
<u>6</u>	<u>22</u>	<u>139</u>	<u>"</u>
<u>6</u>	<u>139</u>	<u>232</u>	<u>med Hd BSLT</u>
<u>6</u>	<u>232</u>	<u>260</u>	<u>Soft Red Wttd BSLT</u>

RECEIVED

OCT 05 2005

WATER RESOURCES
WESTERN REGION

Completed Depth 260'
Date: Started 8-21-05 Completed _____

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were cor time the rig was removed.

Company Name WHELEKOTT DRILLING

Principal Driller Phm J. Whelekott Date _____
and _____
Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

Idaho Department of Water Resources Receipt

Receipt ID: C107296

Payment Amount	\$25.00	Date Received	7/30/2019	Region	STATE
Payment Type	Check	Check Number	5852		
Payer	HUNTER, JEFF / HUNTER, SUSANNE				
Comments	NOTICE OF CLAIM OT A WATER RIGHT / CIVIL CASE #39576				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	SRBA CLAIM FILING FEE	41503	0337			1155



Signature Line (Department Representative)