

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: 87-11071Date Received: 6/12/18Receipt No: 8034894Claim Fee: 25- By: LH

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JUN 12 2019

DEPT. 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

Please type or print clearly

- Name of claimant(s) THOMAS OR JOANNE O'BRIEN Phone (208) 875-1404
Mailing address 1055 COON HOLLOW RD HARVARD ID Zip 83834
Street or Box City State
Email address (optional) oldriver ranch @ Moscow. com
- Date of priority: (Only one per claim) 5-20-1930 (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 42N, Range 03W, Section 27,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Latah;
Parcel no. RP42N03W277227A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
Replacement well drilled in 1994
- 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)
2 HOME W/LAWN IRRIGATION C 1 Bunkhouse & 1 Home

9. Location of place of use is: Township 42N, Range 03W, Section 27,
NE 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.
_____ or None (X)

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 (X) 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) Joanne M O'Brien Date: 6/12/19

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

_____ of _____
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) THOMAS OR JOANNE O'BRIEN Claim ID _____

IDaho DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 87-94-N-30 -000

Other IDWR No. _____

2. OWNER: THOMAS O'BRIEN
Name _____
Address P.O. BOX 2760
City POULSBORO State CA Zip 99370

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 T. 42 North ☒ or South ☐
 E. R. 3 East ☐ or West ☒
 Sec. 27 NE 1/4 SE 1/4 1/4
 Gov't Lot _____ County LATAH

Address of Well Site OLD LIVER RD

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Cords	
BENTONITE	0	28	2	Pumped

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

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
8"	+1	28	280			☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tell/Pipe Size	Casting	Linear
						☐	☐
						☐	☐
						☐	☐
						☐	☐

NESE 27 42N 34

10. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
60		180'	1 hr

Temperature of water _____ Was a water analysis done? Yes ☐ No ☒

By whom?

Water Quality (odor, etc.)

Bottom Hole Temperature

11. STATIC WATER LEVEL:

19 ft. below surface Depth artesian flow found

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SW
12	0	2	Spil		✓
↓	2	13	Clay		↓
✓	12	28	Argillite - Mud		↓
✓	28	159	↓		↓
✓	159	169	↓ - Fractured	✓	✓
✓	169	205	↓ - Hard		✓

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NOV 02 1984

NORTH HAVEN
IDWR

Date: Started 9-21-84 Completed 9-22-84

13. DRILLER'S CERTIFICATION

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

Firm Name **McPHERSON & WRIGHT DRILLING** Firm No. **376**
2246 Burrell

Firm Official Lewiston, Idaho 83501 Date 9-23-98
and (208) 743-7295

Supervisor or Operator Red Wright Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

PARCEL NO. RP42N03W277227

