

**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 59576

NUMBER:

Ident. Number: 87-10636

Date Received: 6/12/19

Receipt No.: NO34939

ja

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JUN 12 2019

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOYCE RODMAN	8810 W 1ST AVE	KENNEWICK	WA	USA	99336

2. Date of Priority:

Date	Explanation
9/30/1934	YEAR BUILT PER TAX RECORDS. HAND DUG WELL AT NEARBY SPRING WAS REPLACED WITH DRILLED WELL IN 1973.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	05W	23		SW	SW	LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	SMALL YARD

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW

DOMESTIC | 0.020 | 0.00 | 0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	41N	05W	23	SW	SW	LATAH	-	-

9. Basis of Claim:Basis

Beneficial Use

10. 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 Palouse River Basin 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.

Signature of Claimant(s): *Dan Rodner* Date: 6-12-19
 _____ Date: _____

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 _____

Please print name

USE TYPEWRITER OR
BALL POINT PEN

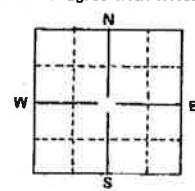
State of Idaho
Department of Reclamation

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer
within 30 days after completion or abandonment of the well.

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Department of Water Administration

1. WELL OWNER Name <u>WEBB THOMPSON</u> Address <u>RR 1 VICLA, IDAHO 83873</u> Owner's Permit No. <u>87-73-N-33</u>		7. WATER LEVEL Static water level <u>125</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☒ Bailer ☐ Other Discharge G.P.M. <u>1 1/2</u> Draw Down <u>TOTAL</u> Hours Pumped <u>1</u>																																															
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole 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>1</td><td>TOP SOIL</td><td></td><td>X</td></tr><tr><td>X</td><td>1</td><td>22</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>X</td><td>22</td><td>48</td><td>TAN CLAY</td><td></td><td>X</td></tr><tr><td>X</td><td>48</td><td>56</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>X</td><td>56</td><td>196</td><td>FINE GRAIN MEDIANPHACEL WITH SOME QUARTZ GRAY</td><td></td><td>X</td></tr><tr><td>X</td><td>196</td><td>219</td><td>FINE GRAIN MEDIANPHACEL WITH SOME QUARTZ BROWN</td><td></td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	1	TOP SOIL		X	X	1	22	BROWN CLAY		X	X	22	48	TAN CLAY		X	X	48	56	BROWN CLAY		X	X	56	196	FINE GRAIN MEDIANPHACEL WITH SOME QUARTZ GRAY		X	X	196	219	FINE GRAIN MEDIANPHACEL WITH SOME QUARTZ BROWN		X
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4. METHOD DRILLED ☒ Cable ☐ Rotary ☐ Dug ☐ Other																																																	
5. WELL CONSTRUCTION Diameter of hole <u>8</u> inches Total depth <u>219</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness <u>1/4</u> inches Diameter <u>8</u> inches From <u>1</u> feet To <u>56</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch 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? ☒ Yes ☐ No To what depth <u>56</u> feet Material used in seal ☒ Cement grout ☐ Puddling clay																																																	
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>LATAH</u> <u>S 1/4</u> Sec. <u>23</u> T. <u>41</u> N. R. <u>5</u> W		10. Work started <u>6-15-73</u> finished <u>6-23-73</u>																																															
		11. DRILLER'S CERTIFICATION This well was drilled under my supervision and this report is true to the best of my knowledge. <u>RAY McPHERSON</u> WELL DRILLING <u>190</u> Driller's or Firm's Name Number <u>RR 1 BOX 332 PULLMAN, WASH 99113</u> Address <u>Ray McPherson</u> <u>7-6-73</u> Signed By Date																																															

USE ADDITIONAL SHEETS IF NECESSARY

