

**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: 87-10570
Date Received:
Receipt No.:**

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JUN 12 2019

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ROBERT ELLISON	1028 COMPTON COURT	MOSCOW	ID	USA	83843

2. Date of Priority:

Date	Explanation
6/2/2004	date well drilled and became operational

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
40N	05W	31		NW	NW	LATAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Household and lawn usage

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	0.120	0.00	0.0

Totals:

CFS	AF	KW
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0.120 0.00

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	40N	05W	31	NW	NW	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): _____ Date: _____
 _____ 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

WELL DRILLER'S REPORT

1. WELL TAG NO. D 00 33788
 DRILLING PERMIT NO. 815291
 Water Right or Injection Well No. _____

2. OWNER:

Name BOB ELLISON
 Address 1022 Campton Ct.
 City MOSCOW State ID Zip 83843

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Bk, Sub. or Directions to well.
 Twp. 40 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 31 1/4 NW 1/4 NW 1/4
 Gov't Lot _____
 County LATAH
 Lat: _____ Long: _____
 Address of Well Site 1022 Campton Ct.
 City MOSCOW
 Bk. _____ 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
Bentonite	c	33	450#	Top Pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 100'
 Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+3	-102	230	Steel	☒	☐	☒	☐
4.5"	-90	-350	160	PVC	☐	☒	☐	☐

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
-310	-350	1/4x4	26	7.5"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ R&R ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
55			1.5

Water Temp. 56° Bottom hole temp. _____

Water Quality test or comments: Good

Depth first Water Encounter 340'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	12	Over Barden (dirt)		
10	12	33	Brown Clay		
8	33	66	" "		
8	66	72	Sandy Clay		
8	72	97	White Clay		
8	97	110	Gray Clay		
6	110	123	Blk Bslt		
6	123	240	Hard Gray Bslt.		
6	240	325	Sulter Blk Bslt		
6	325	340	Med Hd Bslt		
6	340	350	Sand		55

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JUN 17 2004

IDWR/North

Completed Depth 340 (Measurable)

Date Started 5-17-04 Completed 5-18-04

14. DRILLER'S CERTIFICATION

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

Company Name Uhlenkott Drilling Firm No. 125

Principal Driller Don Uhlenkott Date 6-2-04

and Driller or Operator II Don Uhlenkott Date 6-2-04

Operator I _____ Date _____

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