

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: 87-11149Date Received: 6-24-2019Receipt No: N035088Claim Fee: 25.00 By: SL

RECEIVED NOTICE OF CLAIM TO A WATER RIGHT

JUN 10 2019

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

IDWR / 10 0719

Please type or print clearly

1. Name of claimant(s) Sarah Metcalf Phone (509) 330-0970Mailing address 1335 Schneider Rd Potlatch ID Zip 83855
Street or Box City StateEmail address (optional) smetcalf@moscow.com2. Date of priority: (Only one per claim) 09/18/1996 (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 42 N, Range 5 W, Section 9,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Latah;(Parcel no.) RP 42N05W 09 30100A

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 250' deep 1-2 GPM w/ 500 gall. cistern.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For stockwater purposes from 1/1 to 12/31 amount 0.02
Month/Day Month/Day cfs (✓) or AFY ()For domestic purposes from 1/1 to 12/31 amount 0.047. Total quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

Domestic 1 home 1-2 GPM; stockwater 3 horses

9. Location of place of use is: Township 42N, Range 5W, Section 9,
NW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. RP 42N05W009 3010A
for (check one) Domestic () Stock () Domestic and Stock (✓) If different than shown in Item 4

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):

well drilled for house 9/18/96

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: 1 (well log)

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) Scarb Metzger Date: 6/6/19

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) _____ Claim ID _____



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT 96113

Use Typewriter or Ballpoint Pen

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____	Long: _____	_____	

1. DRILLING PERMIT NO. 87-96-N-0054-100
Other IDWR No. _____

2. OWNER:

Name SARAH METCALF
Address Rt 1 Box 216
City POTLATCH State ID Zip 83856

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>42</u>		North ☒ or South ☐	
W		Rge. <u>3</u>		East ☐ or West ☒	
E		Sec. <u>9</u>		NW 1/4 NW 1/4 1/4	
S		Gov't Lot _____		County <u>LATAH</u> 10 acres 30 acres 160 acres	
		Lat: _____		Long: _____	
		Address of Well Site <u>N. of intersect</u>		City <u>POTLATCH</u>	
		<u>CORA/Schneider Rds</u>		(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

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Benonite</u>	<u>21</u>	<u>21</u>	<u>4</u>		<u>Dry</u>

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8"</u>	<u>+1</u>	<u>21</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

52 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

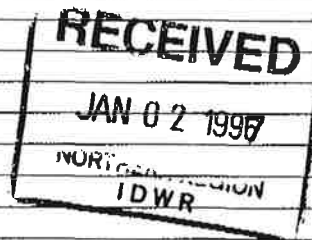
Yield gal./min.	Drawdown	Pumping Level	Time
<u>1 GPM</u>			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>18</u>	<u>0</u>	<u>14</u>	<u>CLAY</u>		☒
<u>12</u>	<u>14</u>	<u>21</u>	<u>ARGILLITE - GR. MED</u>		☒
<u>8</u>	<u>21</u>	<u>190</u>	<u>ARGILLITE - GR. MED</u>		☒
<u>8</u>	<u>190</u>	<u>205</u>	<u>" - GR. SOFT</u>	☒	
<u>8</u>	<u>205</u>	<u>245</u>	<u>Argillite - GR. MED</u>	☒	



Completed Depth 245 (Measurable)
Date: Started 9-18-96 Completed 9-20-96

13. DRILLER'S CERTIFICATION

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

Firm Name McPHERSON & WRIGHT DRILLING Firm No. 037
2246 Burrell
Lewiston, Idaho 83501

Firm Official (208) 743-7295 Date _____

and _____

Supervisor or Operator S. Labright Date 12-31-96

(Sign once if Firm Official & Operator)

NWNW 9 42N SW