Form No. 42-1409-2 (Internet 5/17)

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: 87-11289
Date Received: 7-2-2019
Receipt No: N035145
Claim Fee: 25.00 By:

RECEIVED
JUL 0 2 2019
IDWR / NORTH

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

1. Name of claimant(s) NED L. AND/OR NANCY BOWMAN Phone (208) 596-2496
   Mailing address P.O. Box 8093 (Street or Box) MOSCOW (City) IDAHO (State) Zip 83843
   Email address (optional) _____

2. Date of priority: (Only one per claim) AUGUST 18, 2004 (Month/Day/Year (YYYY)) (Explain priority date selected in Remarks)

3. Source of water supply (Check one) Ground Water (X) or Other ( ) (a) _____
   which is tributary to (b) _____

4. Location of point of diversion is: Township 39 N, Range 6 W, Section 25,
   NW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of LATAH;
   Parcel no. RP39N06W252417A
   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.
   ONE WELL WITH 6" CASING OF 60' AND 4.5" PVC LINER OF 80', SURFACE SEAL, 6" WELL CAP. WELL DEPTH OF 125'. WATER LINE TO HOUSE AND 3 OUTSIDE HYDRANTS FROM ON DEMAND PUMP.

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

		Month/Day	Month/Day	cfs (X) or AFY ( )
For	DOMESTIC	1-1	12-31	0.06
For				

7. Total quantity claimed 0.06 cfs (X) or AFY ( )

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

BOWMAN

9. Location of place of use is: Township 39N, Range 6W, Section 25,
NE 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4
for (check one) **Domestic** (X) **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 (X) 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):
THE PRIORITY DATE IS WHEN THE WELL WAS DRILLED.
1 ATTACHMENT OF WELL DRILLER'S REPORT.

14. Basis of claim (check one) Beneficial Use ( ) Posted Notice ( ) License ( ) Permit (X) Decree ( )
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number D0035279

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

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) Dancey Bowman Date: JUNE 30, 2019
Ned L. Bowman Date: JUNE 30, 2019

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 _____

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No.
Inspected by
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 00 35279
DRILLING PERMIT NO.
Water Right or Injection Well No.

2. OWNER:
Name NED BOWMAN
Address 3283 HOQUIUM RD
City HOQUIUM State WA Zip 99550

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 39 North ☐ or South ☐
Rge. 6 East ☐ or West ☒
Sec. 23, ____ 1/4 (10 acres) NW 1/4 (40 acres) NW 1/4 (160 acres)
Gov't Lot ____ County LATAH
Lat: : : Long: : :
Address of Well Site Jct of Seed Hollow Rd and Blue Heron (Give at least name of road + Distance to Road or Landmark) City Moscow
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
Bentonite	0	12	450#	Top Pour

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
6"	+2	-52	250	Steel	☒	☐	☒	☐
4.5	-45	-125	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
-85	-125	1/4"	36	4.5	PVC	☐	☒
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
26 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices:

12. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25			1.5

Water Temp. 56° Bottom hole temp.
Water Quality test or comments: Good
Depth first Water Encounter 80'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
10	0	12	Brown Clay		X
8	12	21	" "		X
8	21	60	Soft brown Wthd Rock		X
6	60	125	Med Hrd Rock, Basalt	X	

Completed Depth 125 (Measurable)
Date: Started 8-18-04 Completed 8-18-04

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

Company Name LINLEY'S Drilling Firm No. 123
Principal Driller [signature] Date 8-21-04
and
Driller or Operator II [signature] Date 8-31-04
Operator I Date
Principal Driller and Rig Operator *Required.*