

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: 87-11522

Date Received: 8-15-19

Receipt No: N035393

Claim Fee: 2500 By: ja

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AUG 15 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

- Name of claimant(s) Wendy Lind Phone (360) 631-2649
Mailing address 1215 Saddle Ridge Road, Viola ID Zip 83872
Street or Box City State
Email address (optional) Wendykl@comcast.net
- Date of priority: (Only one per claim) 09/02/2005 (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 40N, Range 5, Section 8,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of _____
Parcel no. RP40N05W083458
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.
Well pump and pipeline to home
- 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/XX to 12/31/XX amount 0.03 CSF cfs (☒) or AFY (☐)
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.03 CSF cfs (☒) or AFY (☐)
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
One home with lawn

9. Location of place of use is: Township 40N, Range 5, Section 5W,
NW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. _____
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):
Priority date based on completion of well as evidenced by well permit.

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: 2

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) [Signature] Date: 8/12/2019
[Signature] Date: 8-12-2019

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 _____

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. D040681
 DRILLING PERMIT NO. 835672
 Water Right or Injection Well No. _____

2. OWNER:

Name Dustin Weitz
 Address 4th Rd
 City Viola State ID Zip 83872

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 40 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 8 1/4 NW 1/4 NW 1/4
 Gov't Lot _____ County LATAH

Lat: _____ Long: _____
 Address of Well Site 1/2 mile from Viola on Saddle Ridge Rd
 City Viola
 Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>25</u>	<u>6 sacks</u>	<u>Tape Pack</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>6"</u>	<u>+2</u>	<u>-78</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4.5"</u>	<u>-78</u>	<u>-175</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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
<u>-135</u>	<u>-175</u>	<u>1/8"</u>	<u>38</u>	<u>7.5</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

22 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: Top of casing
40N 5W 8

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>8</u>			<u>1.5</u>

Water Temp. 5.5° Bottom hole temp. _____

Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>12</u>	<u>C124</u>		☒
<u>8</u>	<u>12</u>	<u>62</u>	<u>Oreomase Granite</u>		☒
<u>8</u>	<u>62</u>	<u>77</u>	<u>Med H. Oreomase Granite</u>		☒
<u>8</u>	<u>77</u>	<u>98</u>	<u>Med H. d. White Granite</u>		☒
<u>8</u>	<u>98</u>	<u>103</u>	<u>Soft Brown Granite</u>	☒	
<u>8</u>	<u>103</u>	<u>125</u>	<u>White Quartz Granite</u>	☒	

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SEP 13 2005

IDWR/North

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 UTHEKOTT DRILLING Firm No. 125

Principal Driller Tom J. Uthekott Date 9-2-05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

Anatek Labs, Inc.

504 E Sprague Ave Ste D
Spokane WA 99202
(509) 838-3999 FAX 838-4433

1282 Alturas Drive
Moscow ID 83843
(208) 883-2839 FAX 882-9246

Turn Around Time

☒ Normal
☐ Next Day*
☐ 2-Day*

☐ Email: theath@strom-electric.net
☐ Phone
☐ Mail
☐ Fax
Results needed by: 1 / 1
Fax Number _____

Please fill out completely and legibly

Date Collected 6/26/19 Time Collected 12:15 County Latah
AM PM

Sample Purpose

☒ Purchase/Sale/Bldg Permit
☐ Informative
☐ New Well

Sample Type

☒ Standard Drinking Water
☐ Raw Source Water
☐ Other (Specify) _____

Owner or Manager Name

Todd Heath

Specific Location Where Sample Was Collected (i.e., address of well)

1215 Saddle Ridge Rd. @ well 6092P

Send Report to:

Name Todd Heath / Strom Electric

Address

City Tracy St ID Zip 83871

Day Tel

208-835-2331

Eve/Msg Tel

Sample Collected by:

Scott Taylor

Company:

Strom Elec

Source Type (Check One)

☐ Well/Well Field ☐ Purchased or Intertie
☐ Spring ☐ Grd. Water under Surface Influence
☐ Surface Water ☐ Combination or Other

COLIFORM BACTERIA (Lab Use Only)

☒ SATISFACTORY (COLIFORM ABSENT)

REPEAT

☐ Unsatisfactory (Coliform Present)

SAMPLES

☐ Total Present

☐ Total Absent

REQUIRED

☐ E.Coli Present

☐ E.Coli Absent

Other Lab Results

Total Coliform /100ml E.Coli /100ml
Fecal Coliform /100ml Plate Count /100ml

☐ Another Sample Required

Sample not Tested because:

☐ Sample Too Old
☐ Wrong Container
☐ Other

Test Unsuitable Because:

☐ TNTC
☐ Turbid Culture
☐ Excess Debris

Report Date

6/27/19

Lab Analyst

KHK

Date Received

6/26/2019

Time

1:22 hrs.

Inorganic Chemical Analysis Report

Tests	MCL*	Results	Units	Compliance Y/N	Initials
Arsenic (As)	0.05		mg/L		
Barium (Ba)	2		mg/L		
Beryllium (Be)	0.004		mg/L		
Cadmium (Cd)	0.005		mg/L		
Chromium (Cr)	0.1		mg/L		
Copper (Cu)	1.3		mg/L		
Lead (Pb)	0.015		mg/L		
Manganese (Mn)	0.05		mg/L		
Mercury (Hg)	0.002		mg/L		
Nickel (Ni)	0.1		mg/L		
Selenium (Se)	0.05		mg/L		
Silver (Ag)	0.05		mg/L		
Sodium (Na)	-		mg/L		
Zinc (Zn)	5		mg/L		
Chloride (Cl)	250		mg/L		
Fluoride (F)	4		mg/L		
Nitrate as N	10		mg/L		
Nitrite as N	0.5		mg/L		
Sulfate (SO ₄)	250		mg/L		
Hardness	-		mg/L as CaCO ₃		
Conductivity	700		µmhos/cm 25°C		
Corrosivity	-		-		
Turbidity	1		NTU		
Color	15		Color Units		
pH	-		-		
TDS	500		mg/L		
TSS	-		mg/L		
Cyanide (CN)	0.2		mg/L		
Iron (Fe)	0.3		mg/L		
Uranium	0.03		mg/L		
Magnesium	-		mg/L		
Calcium	-		mg/L		

MCL-Max. Contaminant Level TSS-Total Suspended Solids TDS-Total Dissol

OTHER ANALYSES REQUESTED

Inorganic Contaminants (IOC's)	
Volatile Organics (VOC's)	
Semivolatile Organics (SOC's)	
Private Well Test	
☒ Coliform Bacteria	

Laboratory Comments

20.5°C R-2

Lab Supervisor

Report Date

190626 064 STRO Last
1st SAMP Due 6/27/2019
BACT 6/26/19 1st RCVD 6/26/2019



405 S. Main St.
PO Box 370
Troy, ID 83871
208.835.2331
stromelectric.net

June 27, 2019

To whom it may concern,

On June 26, 2019 Strom Electric performed a productivity test on the well located at 1215 Saddle Ridge Rd. in Moscow, ID 83843. The existing well pump was used to conduct the test. Over the course of the test, 1268 gallons of water were discharged from the well. Thirty minutes into the test, the static level of water in the column stabilized, indicating the amount of water entering the well became equal to the amount being extracted. For the remainder of the test the well produced a steady flow of 11.3gallon, indicating the well produces 11.3 gallons per minute.

At this time a water sample was collected and delivered to Anatek Labs in Moscow, ID 83843 for analysis . Results of the analysis were "satisfactory", indicating the presence of Coliform Bacteria and E-coli were not detected.

Please feel free to contact me for any reason. Have a great day.

Regards,

Todd Heath
Strom Electric
Pump Systems Manager