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AUG 22 2019

DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-11618

Date Received: 8/22/19

Receipt No: C107440

Claim Fee: 25 By: AW

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) Tony & Debi Johnson Phone (208) 882-5849
Mailing address 1146 Four mile Rd Viola ID Zip 83872
Street or Box City State
Email address (optional) Johnsonexc@frontier.com
- Date of priority: (Only one per claim) Sept 9 1999 (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 5W, Section 5
W 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of Latah
Parcel no. 3151
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
- 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 to 12-31 amount 0.02 cfs () or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____ cfs () or AFY ()
- Total quantity claimed 0.02 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
domestic / home

9. Location of place of use is: Township 40N, Range 5W, Section 5,
W 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. 3151
If different than shown in Item 4

for (check one) **Domestic** ☒ **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 ☒ 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

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 ☒ 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) Tony Johnson Date: 8-13-19

_____ 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 _____

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Form 238-7

DEC 23 1999

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

IDWR/North

076429

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

1. DRILLING PERMIT NO.

Other IDWR No. 87-99-N-25

2. OWNER:

Name TONY & DEBBIE JOHNSON
Address 707 N. LINCOLN ST
City MOSCOW State ID Zip 83843

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twps. 40 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 5 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County LATAH 10 acres 160 acres
Lat: _____ Long: _____
Address of Well Site 1146 FOUR MILE ROAD
City VIOLA, 83872
(Give at least name of road + Distance to Road or Landmark)

POSTED

Li. _____ 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>Bentonite</u>	<u>0</u>	<u>20</u>	<u>3</u>		<u>DRY</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20
Was drive shoe seal tested? ☒ Y ☐ N How? 300 PS

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8</u>	<u>1</u>	<u>20</u>	<u>20</u>	<u>Steel</u>	☒	☐	☒	☐
<u>6</u>	<u>15</u>	<u>305</u>	<u>20</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>205</u>	<u>305</u>	<u>1/8x1/2</u>	<u>120</u>	<u>6"</u>	<u>PVC</u>	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>5</u>		<u>280</u>	<u>1hr</u>

Water Temp. 55 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered 277

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>14</u>	<u>0</u>	<u>1</u>	<u>SOIL</u>		
<u>14</u>	<u>1</u>	<u>20</u>	<u>GRANITE</u>		
<u>8</u>	<u>20</u>	<u>34</u>	<u>GRANITE</u>		
<u>8</u>	<u>34</u>	<u>37</u>	<u>GRANITE Decomposed</u>		
<u>8</u>	<u>37</u>	<u>113</u>	<u>GRANITE</u>		
<u>8</u>	<u>113</u>	<u>118</u>	<u>GRANITE Decomposed</u>		
<u>8</u>	<u>118</u>	<u>166</u>	<u>GRANITE</u>		
<u>8</u>	<u>166</u>	<u>234</u>	<u>GRANITE FRAC</u>		
<u>8</u>	<u>234</u>	<u>277</u>	<u>GRANITE</u>		
<u>8</u>	<u>277</u>	<u>281</u>	<u>GRANITE FRAC</u>		
<u>8</u>	<u>281</u>	<u>305</u>	<u>GRANITE</u>		

Completed Depth 305 (Measurable)
Date: Started 9-27-99 Completed 9-29-99

13. DRILLER'S CERTIFICATION

I/We certify that all applicable standards were complied with at the time the rig was removed.

Firm Name Lowison, Idaho 83501 Firm No. 0376
(208) 743-7295
Firm Official Carl Haight Date 12/21/99
and
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

40 N 5 W 5

FORWARD WHITE COPY TO WATER RESOURCES