

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

Ident. Number: 87-11571
Date Received: 8/21/2019
Receipt No: N035435
Claim Fee: 25.00
Received By: Tb

RECEIVED
AUG 21 2019
IDWR/NORTHERN

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

1. Name of Claimant(s)

DARLENE M ACKERMAN
1001 T RD
PRINCETON ID 83857

Phone: (208) 875-0065

2. Date of Priority: 10/13/1986

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
41N	04W	5	SE NW		LATAH	

5. Description of diverting works:

Well with pump and pipeline to home and hydrants for lawn irrigation.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.03		

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

1 home with lawn

9. Place of use:

DOMESTIC within LATAH County

Township	Range	Section	¼	of	¼	Lot	Acres
41N	04W	5	SE		NW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

None

12. Remarks:

Priority Date Explanation:
See well report

13. Basis of Claim: Beneficial Use

14. 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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

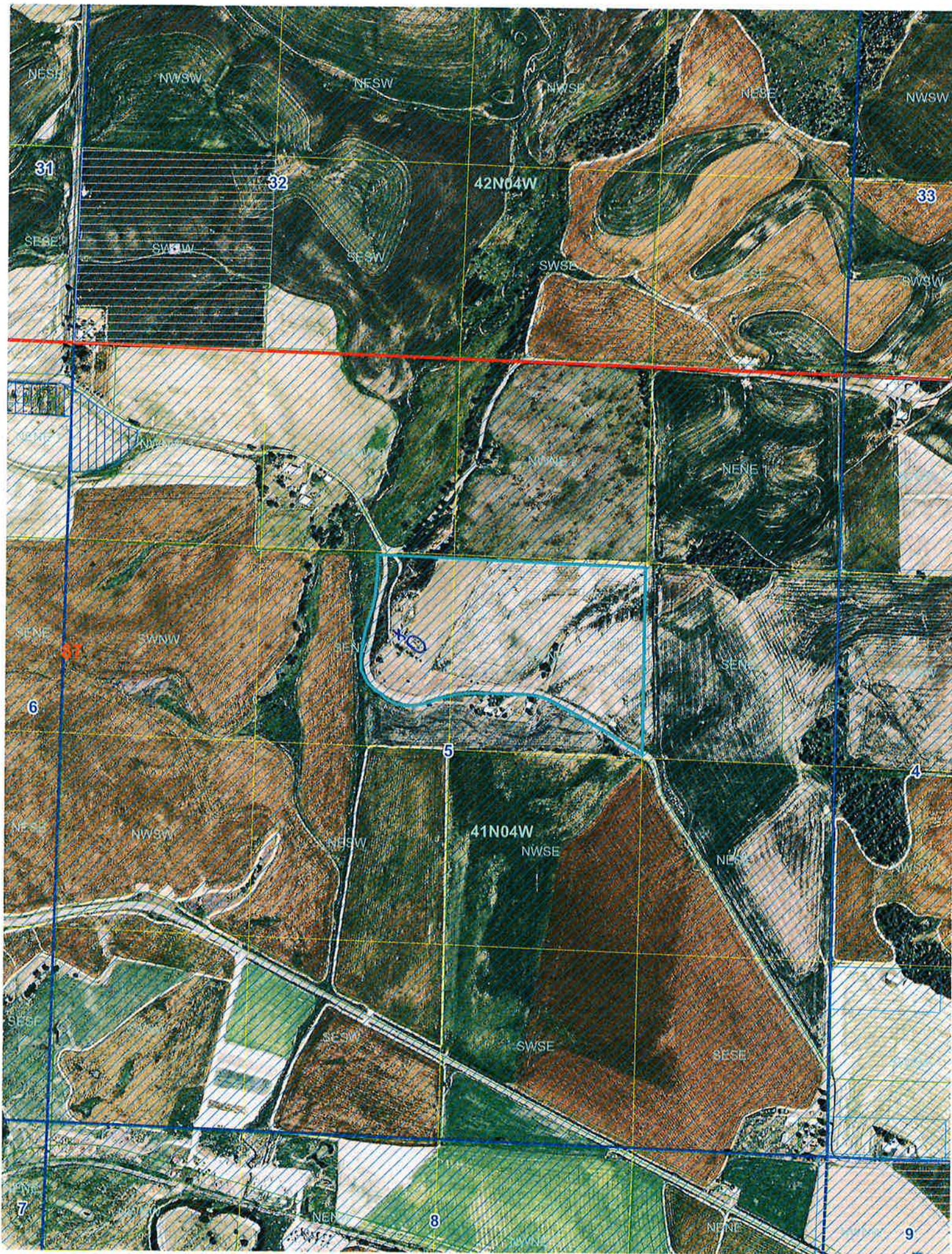
Number of attachments: 2

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): Darlene M Ackerman Date: 8-21-19

Date: _____



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>John R. Ackerman</u> Address <u>Route 1, Box 209-A</u> <u>Potlatch, ID 83855</u> Owner's Permit No. <u>87-86-N-7</u>		7. WATER LEVEL Static water level <u>25</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ <i>Describe artesian or temperature zones below</i>																																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ 10 GPM - ESTIMATED AIRLIFT																																																					
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8"</td><td>0</td><td>4</td><td>Top soil</td><td></td><td>X</td></tr><tr><td>8"</td><td>4</td><td>27</td><td>Clay, tan, medium</td><td></td><td>X</td></tr><tr><td>8"</td><td>27</td><td>73</td><td>Basalt, hard</td><td></td><td>X</td></tr><tr><td>6"</td><td>73</td><td>115</td><td>Clay, blue, hard</td><td></td><td>X</td></tr><tr><td>6"</td><td>115</td><td>134</td><td>Clay, gray, medium</td><td></td><td>X</td></tr><tr><td>6"</td><td>134</td><td>141</td><td>Sand & gravel & rock water</td><td>X</td><td></td></tr><tr><td>6"</td><td>141</td><td>160</td><td>Clay, green, medium</td><td></td><td>X</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	4	Top soil		X	8"	4	27	Clay, tan, medium		X	8"	27	73	Basalt, hard		X	6"	73	115	Clay, blue, hard		X	6"	115	134	Clay, gray, medium		X	6"	134	141	Sand & gravel & rock water	X		6"	141	160	Clay, green, medium		X
Bore Diam.	Depth		Material		Water																																																		
	From	To		Yes	No																																																		
8"	0	4	Top soil		X																																																		
8"	4	27	Clay, tan, medium		X																																																		
8"	27	73	Basalt, hard		X																																																		
6"	73	115	Clay, blue, hard		X																																																		
6"	115	134	Clay, gray, medium		X																																																		
6"	134	141	Sand & gravel & rock water	X																																																			
6"	141	160	Clay, green, medium		X																																																		
4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED DEC 5 1986 Department of Water Resources RECEIVED NOV 24 1986 Department of Water Resources Northern District Office NO PVC Liner Installed 6" Drive shoe utilized NOTE: Maximum recommended pump setting: 140' 605540																																																					
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>147</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☒ Knife ☐ Torch Size of perforation <u>1/4</u> inches by <u>1 1/2</u> inches Number _____ From _____ To _____ <u>60</u> perforations <u>134</u> feet <u>141</u> feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>30</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>147</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																																
Thickness	Diameter			From	To																																																		
<u>.250</u> inches	<u>6</u> inches			<u>1</u> feet	<u>147</u> feet																																																		
_____ inches	_____ inches	_____ feet	_____ feet																																																				
_____ inches	_____ inches	_____ feet	_____ feet																																																				
_____ inches	_____ inches	_____ feet	_____ feet																																																				
6. LOCATION OF WELL Sketch map location must agree with written location. <table border="1"><tr><td colspan="2">N</td></tr><tr><td>X</td><td></td></tr><tr><td>W</td><td>E</td></tr><tr><td></td><td></td></tr><tr><td colspan="2">S</td></tr></table> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>LATAH</u> SE 1/4 NW 1/4 Sec. <u>5</u> , T. <u>41N</u> N/S, R. <u>4W</u> E/W.		N		X		W	E			S																																													
N																																																							
X																																																							
W	E																																																						
S																																																							
10. Work started <u>10/09/86</u> finished <u>10/13/86</u>		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>PONDEROSA DRILLING</u> Firm No. <u>228</u> E. 6010 Broadway Address <u>Spokane, WA 99212</u> Date <u>10/13/86</u> Signed by (Firm Official) <u>W. Scott Barratt</u> and <u>L. E. Hanner</u> (Operator)																																																					

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT