

03/21/2002

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 29-13168

NAME AND ADDRESS: PHILIP J KNOX
950 MILES RD
CHESTERFIELD ID 83217

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.04 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

PRIORITY DATE: 10/09/1999

POINT OF DIVERSION:

T07S R38E S12 SENW Within CARIBOU County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.040 CFS

PLACE OF USE:

DOMESTIC Within CARIBOU County

T07S R38E S12

SENW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE
ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.
THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: Beneficial Use

KELLEY

07S, 38E SECTION 12

SENE

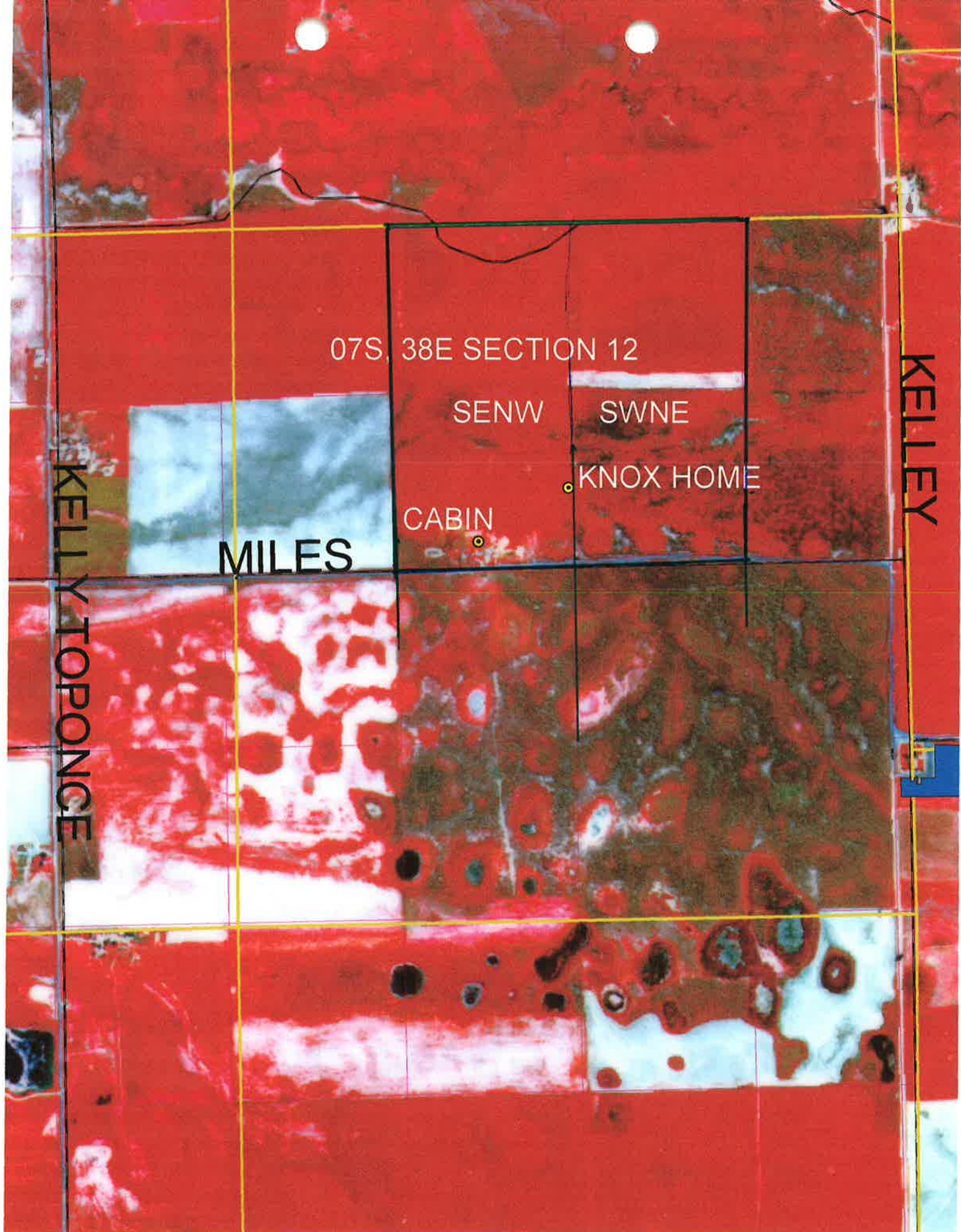
SWNE

KNOX HOME

CABIN

MILES

KELLY TOPONCE





State of Idaho

DEPARTMENT OF WATER RESOURCES

15 West Center Street, Soda Springs, ID 83276

Phone: (208) 547-3993 Fax: (208) 547-3939 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

March 7, 2003

Phillip J. Knox
950 Miles Rd
Chesterfield, ID 83217

Ref: 29-13168

Subject: Stock water

Dear Phil,

I received your Notice of Error Reply that requested an additional 0.02 cfs for stock water. The definition for domestic under the Idaho Code includes stock water and unless you have move that a 1,000 head of livestock you have adequate water under the current recommendation. However, if you would like to amend your claim to add stock water please make an appointment to do so. Otherwise, you claim will be recommended as shown in the preliminary report.

If you have any question please feel free to contact me at 547-3993.

Sincerely;

Cindy E. Bird
Adjudication Bureau

RECEIVED

02/13/2003

FEB 27 2003

NOTICE OF ERROR
REPLY

Cindy

Department of Water Resources
Eastern Region

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: April 21, 2003

Water right number: 29-13168

PHILIP J KNOX

950 MILES RD

CHESTERFIELD ID 83217

Telephone Number: (208) 648-7175

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

*On original application, I neglected to add
stock water for horses. Please add 0.020 CFS
1/01 → 12/31*

3. Give a brief explanation as to why you disagree with these portions:

____ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 2-22-03

SIGNATURE: *Philip J. Knox*

Please print your name: Philip J. Knox

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

Wednesday

EXAM INFORMATION

Exam Date 8/7/07

Exam Time 2pm.

CLAIM(S) 29-13168, 13170, 13171.

NAME Phil Knox

ADDRESS 950 Miles Rd.

PHONE () 648-7175

HOME

WORK

CELL

DOMESTIC ☒ STOCKWATER ☒ IRRIGATION ☐ OTHER ☐

OTHER RIGHTS As above.

DIRECTIONS

DOGS

DATE 8/6/07 APPOINTMENT Phil Knox.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
CLAIM VERIFICATION EXAM SHEET

1. ☒ No Change NAME:
☒ NEW OWNER: _____
☐ No Change ADDRESS: _____
☐ NEW ADDRESS: _____

2. ☐ No Change - DATE OF PRIORITY: Completed - No Field Verification Needed.
☒ Incomplete - Claim shows no priority date, claimant should be asked during the exam when was water first used.
Priority date, per claimant, is 10-9-99
(If the priority date, based on your exam, seems questionable, explain in remarks.) Will log unperf.

3. ☐ No Change - SOURCE:
☐ Source is different than that claimed:
Source found: _____

4. ☐ No Change - POINT OF DIVERSION:
☒ Point of diversion is different than the claim
New P/D: Twp. 07S, Rge. 38E Sec. 12, 1/4 SE 1/4 NW 1/4.
Note: If the 10-acre tract is shown on the claim, then verification of the 10-acre parcel is needed. Otherwise the 10-acre tract is not required, unless the source is a spring.

5. ☒ No Change - DESCRIPTION OF DIVERTING WORKS:
☐ Incomplete description, complete items missing, IF KNOWN.
☐ Additional description in comments.
HP of pump _____ Static water level _____ Well depth _____
Casing size _____ Pumping water level _____ Gravity flow _____
Method of irrigation _____

6. ☒ No Change - WATER USES:
☐ Different uses, (list uses found).
Use _____ From _____ To _____ Amount _____ cfs _____ af
Use _____ From _____ To _____ Amount _____ cfs _____ af

7. ☐ No Change - TOTAL VOLUME:
☒ Change found, The new total is - 0.04 cfs _____ af

8. Not applicable

9. ☐ No Change - NON-IRRIGATION USES: Completed on claim
☐ Incomplete on claim - Exam found:
Domestic - No. of homes _____ Other: _____
Stockwater - No. of head and kind _____ (EXP Remark)

Claim No. A 29-13168

10. ☐ No Change - PLACE OF USE: (If changed, list below.)

☒ Place of use is different than the claim

New P/U:

Twp. Rge. Sec. 1/4, 1/4 Use

07S 38E 12 SE NW. domestic

Remarks: (Include type and code)

Comments pertinent to field examination:

- The house and well are located in the SE NW of section 12, T07S, R38E.
- The claimant paid \$25 for a domestic well, with irrigation of 1 acre. I have informed the claimant that domestic is irrigation of 1/2 acre. Therefore the flow will be reduced to 0.04.

ATTACHMENTS:

Attached to
This Form.

Attachments are
in Claim File.

PHOTOS ☐
MAP ☐
SYSTEM DIAGRAM ☐

☐
☐
☐

- memo started for
this claim
- photo's in Knox folder.

☐ Changes found during exam or additional information in the claim file, see claim file.

DATE EXAM CONDUCTED:

8/8/01

FIELD EXAMINER:

Cindy E. Bird

Signature

Cindy E. Bird

Form 238-7
11/27IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat.	Long.	
☒ Flowing Artesian		

1. WELL TAG NO. D. 0011200
 DRILLING PERMIT NO. 2799-E-0086-000
 Other IDWR No.

2. OWNER:
 Name Philip J. Knox
 Address 7727 W. Kasilgates Rd
 City Bozeman State Idaho Zip 83724

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>7</u>		North ☐ or South ☐	
E		Rgn. <u>3.8</u>		East ☐ or West ☐	
S		Sec. <u>12</u>		SW 1/4 NE 1/4	
W		Gmt. Lnt		County <u>Coe</u>	
		Lat.		Long.	
		Address of Well Site <u>Mcley Rd</u>		City <u>Chesapeake</u>	

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK Check all that apply (Replacement etc)
☒ New Well ☐ Casing ☐ Abandonment ☐ Other

6. DRILL METHOD
☒ Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
<u>Cement</u>	<u>0</u>	<u>18</u>	<u>16 bags</u>	<u>Cement</u>

Was drive shoe used? ☒ N Shoe Depth(s) 219
 Was drive shoe seal tested? ☐ Y/N How?

8. CASING/LINER:

Diameter	From	To	Depth	Material	Casing	Liner	Welded	Threaded
<u>8 1/2"</u>	<u>0</u>	<u>219</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method Machine
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>208</u>	<u>218</u>	<u>1/8"</u>	<u>120</u>			☒	☐
<u>135</u>	<u>140</u>		<u>180</u>			☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Baller

Test gal/min	Drawdown	Pumping Level	Time
<u>APPROX 20-25 GPM</u>			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 35'

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

Date	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12</u>	<u>0</u>	<u>18</u>	<u>Brown clay</u>	☒	☐
<u>10</u>	<u>18</u>	<u>24</u>	<u>" "</u>	☒	☐
<u>10</u>	<u>24</u>	<u>30</u>	<u>Brown clay & Brown Sand</u>	☒	☐
<u>10</u>	<u>30</u>	<u>40</u>	<u>Brown sand & sand</u>	☒	☐
<u>7</u>	<u>40</u>	<u>48</u>	<u>yellow brown water</u>	☒	☐
<u>7</u>	<u>48</u>	<u>71</u>	<u>white clay</u>	☒	☐
<u>7</u>	<u>71</u>	<u>121</u>	<u>Blue clay</u>	☒	☐
<u>7</u>	<u>121</u>	<u>139</u>	<u>Sand & gravel</u>	☒	☐
<u>7</u>	<u>139</u>	<u>192</u>	<u>Water 20-25 GPM</u>	☒	☐
<u>7</u>	<u>192</u>	<u>200</u>	<u>clay & sand & water</u>	☒	☐
<u>7</u>	<u>200</u>	<u>249</u>	<u>Blue shale & brown</u>	☒	☐
<u>7</u>	<u>249</u>	<u>280</u>	<u>Blue sand</u>	☒	☐
<u>7</u>	<u>280</u>	<u>300</u>	<u>some water</u>	☒	☐
<u>7</u>	<u>300</u>	<u>320</u>	<u>Pete M. add</u>	☒	☐

RECEIVED
 OCT 13 1999

OCT 25 1999
 Department of Water Resources
 Eastern Region

Completed Depth 220' (Measurable)
 Date: Started 9-21-99 Completed 9-29-99

13. DRILLER'S CERTIFICATION

(We certify that all minimum well construction standards were complied with at the time the rig was removed.)

Company Name Maverick Drilling Firm No. 533

Firm Official Sam Brachman Date 10-9-99

and
 Driller or Operator _____ Date _____
 (Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO: WATER RESOURCES

Form 238-7
11/97IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only		
Inspected by		
Two	Age	Sec
1/4	1/4	1/4
Lat	Long	
☐ Pump ☐ Bailer ☐ Flowing Artesian		

1. WELL TAG NO. 0011336
 DRILLING PERMIT NO. 29-99-E-0044-000
 Other IDWR No. _____

2. OWNER: Philip J. Kroy
 Name _____
 Address 1727 W. P. at Fairmont Rd
 City Pocatello State ID Zip 83204

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.

Twp. <u>7</u>		North ☐ or South ☒
Rge. <u>38</u>		East ☐ or West ☐
Sec. <u>12</u>		SW ☐ NE ☒
Gov't Lot _____		County <u>Caribou</u>
Lat _____		Long _____
Address of Well Site <u>Miller Rd</u> City <u>Chamberlain</u>		

LI _____ Bk _____ 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
☒ Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Material	SEALANTER PACK		AMOUNT	METHOD
	From	To		
<u>Best Sealant</u>	<u>0</u>	<u>18</u>	<u>13 Bags Cement</u>	<u>Cement</u>

Was drive shoe used? ☒ N Shoe Depth(s) 133'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Grade	Material	Casing	Linear	Welded	Threaded
<u>6" H</u>	<u>133'</u>	<u>238'</u>	<u>Steel</u>		☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforation: _____ Method _____
 Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
<u>133'</u>	<u>238'</u>	<u>1/4"</u>	<u>6</u>	<u>1/2"</u>	<u>Steel</u>	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
2.0 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: top

11. WELL TESTS:

Yield gal/min	Drawdown	Pumping Level	Time
<u>APPROX</u>	<u>506</u>	<u>PM</u>	<u>2:18</u>

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10'</u>	<u>0</u>	<u>13</u>	<u>Brown Clay</u>	☒	☐
<u>33'</u>	<u>18</u>	<u>23</u>	<u>7.7</u>	☒	☐
<u>84'</u>	<u>23</u>	<u>37</u>	<u>Brown Sand</u>	☒	☐
			<u>2.5 gpm water</u>		
			<u>7-10 gpm</u>		
<u>64'</u>	<u>37</u>	<u>40</u>	<u>white clay</u>	☒	☐
<u>64'</u>	<u>40</u>	<u>121</u>	<u>Blue clay</u>	☒	☐
			<u>some water</u>		
<u>64'</u>	<u>121</u>	<u>24</u>	<u>Sand</u>	☒	☐
<u>64'</u>	<u>24</u>	<u>40</u>	<u>gravel</u>	☒	☐
			<u>some water</u>		

RECEIVED

OCT 13 1999

Department of Water Resources
Eastern Region

RECEIVED

OCT 25 1999

Department of Water Resources

Completed Depth 140' (134') (Measurable)
 Date: Started 10-5-99 Completed 10-8-99

13. DRILLER'S CERTIFICATION

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

Company Name Maverick Drilling No. 533

Firm Official Samuel J. ... Date 10-9-99

and _____
 Driller or Operator _____ Date _____

(Sign once of Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 29-13168
Date Received: 6/5/01
Receipt No:
Received By:

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

PHILIP J KNOX Phone: (208) 648-7175

950 MILES RD
CHESTERFIELD ID USA 83217

2. Date of Priority: 10/05/1999

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07S	38E	12	SW NE	CARIBOU	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	~~0.05~~ 0.04	

7. Total Quantity Appropriated is:

~~0.05~~ C.F.S.

0.04

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
07S	38E	12	SW	NE	DOMESTIC	

11. Place of use in counties: CARIBOU

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

13. Other Water Rights Used:

14. Remarks:

1/2 1 ACRE LAWN

15. Basis of Claim: Beneficial Use

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. 29-13168

Date Received 5/30/01

Receipt Number E026759

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.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Philip J. Knox Phone (208) 648-7175

Mailing Address 950 Miles Rd, Chesterfield, ID Zip 83217

2. Date of Priority (Only one per claim) 9-21-10-5-99 Month/Day/Year

3. Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
which is tributary to (b) _____ Name or kind of source

4. Location of point of diversion is: Township 7S Range 38E
Section 12, SW 1/4 of NE 1/4 of W 1/4, Govt. Lot 22, BM.,
County of Caribou

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. For House, 6 in casing, 2 hp pump, 140 ft deep
Submersible

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from 1-1 to 12-31 amount 0.05 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.05 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) Domestic, 1 home, one acre lawn

10. Place of use is: Township: 7S Range 38E

Section 12, SW 1/4 of NE 1/4, Govt. Lot _____, B.M.,

County of Caribou for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

11. In which county (ies) are lands listed above as place of use located? Caribou

12. Do you own the property listed above as place of use? Yes ☒ No ☐

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

13. Describe any other water rights used at the same place and for the same purposes as described above.

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood the form entitled "How you will receive notice in the Snake River Basin 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 0

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Philip J. Knox Date 5-22-01

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____, that I have signed the foregoing

document in the space below as _____ of _____

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____)

County of Bannock) SS.

Subscribed and sworn (or affirmed) before me this 23rd day of May 19 2001

SEAL.

Notary Public Debra C. Don

Residing at Pocatello ID

My Commission Expires July 2003

Last Name Knox Ident No. _____

Copies: White-State, Yellow-Claimant



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

June 5, 2001

PHILIP J KNOX
950 MILES RD
CHESTERFIELD ID 83217

RE: OWNERSHIP CHANGE FOR 29-13168, 29-13170, 29-13171

Dear Mr. Knox:

Enclosed are copies of your recently filed adjudication claims. Although we accepted your claims for domestic purposes, Idaho Code limits irrigation under the domestic definition to 1/2 acre.

Sincerely,

A handwritten signature in cursive script that reads 'Jennifer Crabtree'.

Jennifer Crabtree
Technical Records Specialist

Enclosure