

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: 87-11831

Date Received: 8-28-19

Receipt No: N035488

Claim Fee: 25⁰⁰ By: JA

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

Please type or print clearly

1. Name of claimant(s) JEFFREY B WELLER Phone (208) 819-1855

Mailing address 1171 E ROCK CRK RD POTLATCH ID 83855
Street or Box City State Zip

Email address (optional) jnweller@live.com

2. Date of priority: (Only one per claim) JUNE 4, 1999 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

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

4. Location of point of diversion is: Township 41N, Range 04W, Section 18,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of LATAH;

Parcel no. RP41N04W189028

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.

Well

6. 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 0.01 cfs (✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .01 cfs (✓) or AFY ()

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

Domestic - one home

9. Location of place of use is: Township 41N, Range 04W, Section 18,
SE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. SAME
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.
None or None (✓)

13. Remarks (include an explanation of the priority date selected):
WELL REPORT

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: 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) Jeffrey B. Weller Date: 8/13/19
Jenna Weller Date: 8/13/19

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) JEFFREY B WELLER Claim ID _____

RECEIVED

Form JUN 15 1999
11/97

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by assessors office
Twp 41N Rge 4W Sec 18
1/4 SE 1/4 SE 1/4 parcel
Lat: Long: 9028

IDWR/North
1. WELL TAG NO. D 000 5856
DRILLING PERMIT NO. 87-99-N-12
Other IDWR No. _____

076416

2. OWNER:
Name Cliff Miller
Address 420 MAIN
City ONAWAY State ID Zip 83855

11. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min.	Drawdown	Pumping Level	Time
<u>4</u>			<u>1.00</u>

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

☒ North ☐ South
☐ East ☒ West
 Twp. 41 Rge. 4 Sec. 17
 Gov't Lot _____ County Letrah Long: _____
 Address of Well Site 4 mile s west
 City Pothatch

Water Temp. 57° Bottom hole temp. _____
Water Quality test or comments: Good

Depth first Water Encounter 401

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	17	Clay		
8	17	174	Soft Brown Granite		
8	174	178	" "		
6	178	401	Soft Gray Granite		
6	401	447	Soft yellow Granite	2	
6	447	515	Gray Granite frag.	2	

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>Bentohike</u> <u>0</u> <u>40</u>	<u>350#</u>	<u>Top Ann</u>

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>0</u>	<u>128</u>	<u>260</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4 1/2"</u>	<u>128</u>	<u>575</u>	<u>160</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>515</u>	<u>575</u>	<u>1/4 x 1/4</u>	<u>49</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>375</u>	<u>388</u>	<u>1/4</u>	<u>36</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

80 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Top of casing

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 UHLERKOTT DRILLING Firm No. 125
Firm Official Ray Shleifer Date 6-9-99
and Driller or Operator Am Juhent Date 6-9-99
(Sign once if Firm Official & Operator)

41N 4W 18E

FORWARD WHITE COPY TO WATER RESOURCES

WELLER PROPERTY PARCEL NO. 41N04W189028

