

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: 87-11877

Date Received: 8-30-19

Receipt No: N035526

Claim Fee: 2500 By: ja

RECEIVED

AUG 30 2019

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

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) Tina Neujahr and/or Thomas Neujahr Phone (208) 596-8406
Mailing address 1070 Woody Grade Rd Potlatch ID 83855
Street or Box City State Zip
Email address (optional) tinan83870@yahoo.com
- Date of priority: (Only one per claim) 9/10/2003 (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 43N, Range 05W, Section 31,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Latah;
Parcel no. RP43N05W317811
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 pumps to 1000 gallon cistern, then connected to the mobile home. Stock water filled in trucks by frost free hydrant at well, distributed across property.
- 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 .02 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .02 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
One home, 20 mixed stock

9. Location of place of use is: Township 43N, Range 05W, Section 31,
SW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. RP43N05W317811

If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any RP43N05W317811 SESE, RP43N05W317811 NESE

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):

Date well was drilled and connected to mobile home per will driller's 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: 1

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) Tina Neujahr Date: 8/30/2019

Thomas Neujahr Date: 8-30-19

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) Tina Neujahr and/or Thomas Neujahr Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

OCT 06 2003

IDWR/North

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____	Long: _____	_____	

1. WELL TAG NO. D 00 28844
DRILLING PERMIT NO. 806766
Water Right or Injection Well No. _____

2. OWNER:
Name Richard Parker
Address 1070 Woody Grade Rd
City Patlatch State ID Zip 83855

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 42 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 5 SW 1/4 NE 1/4
Gov't Lot _____
Lat: _____ Long: _____
Address of Well Site 1070 Woody Grade Rd
City Patlatch
Lt. _____ 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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	350#	Top Pour

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
6"	+2	-18	250	Steel	☒	☐	☒	☐
4.5	-10	-450	160	PVC	☐	☒	☐	☐

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
-410	-450	1/2" x 4	72	4.5	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

Top of casing

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal/min. <u>6</u>	Drawdown	Pumping Level	Time <u>1.5</u>

Water Temp. 57° Bottom hole temp. _____

Water Quality test or comments: Good

Depth first Water Encounter 360

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	Duobunden		☒
10	2	18	Purple Basalt		☒
6	18	160	" "		☒
6	160	290	90 ft Purple orange BSLT		☒
6	290	360	Soft B.N. BSLT		☒
6	360	450	Softer B.N. BSLT	6	

Completed Depth 430 (Measurable)
Date: Started 9-8-03 Completed 9-10-03

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 WILLENKOTT DRILLING Firm No. 125

Principal Driller Jim Wilkenkott Date 9-27-03

Driller or Operator II Shirley Wilkenkott Date 9-27-03

Operator I _____ Date 9-

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