

RECEIVED

DEC 15 2006

DEPARTMENT OF
WATER RESOURCES

11/14/2006

NOTICE OF ERROR
REPLY

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: December 8, 2006

Water right number: 67-14304

EDWARD G WOODS
1080 ROCK CREEK RD
WEISER ID 83672
Telephone Number: (208)549-2849

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:

We have sold all our acreage to our daughter and her husband, Judith and Robert Peters, except for 28 acres. Our well is on the 28 acres SWNW S&E/396', S10T11R6.

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: Dec 2, 06

SIGNATURE: Edward G. Woods

Please print your name: Edward G. Woods

IDWR Regional Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, 2082874800

everything appeared good for this right. There is an additional right filed on the property owned by the Peters. Spoke with claimant who verified that there are no additional questions.
12/13/06 JD.

SCANNED
DEC - 6 2006

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

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use



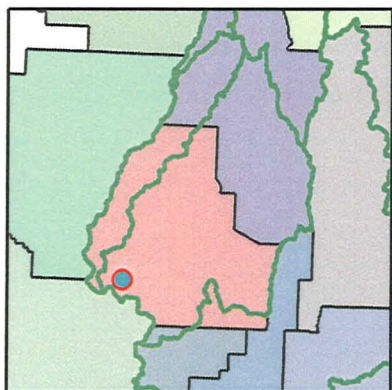
Idaho Department of Water Resources

SRBA Recommendation:

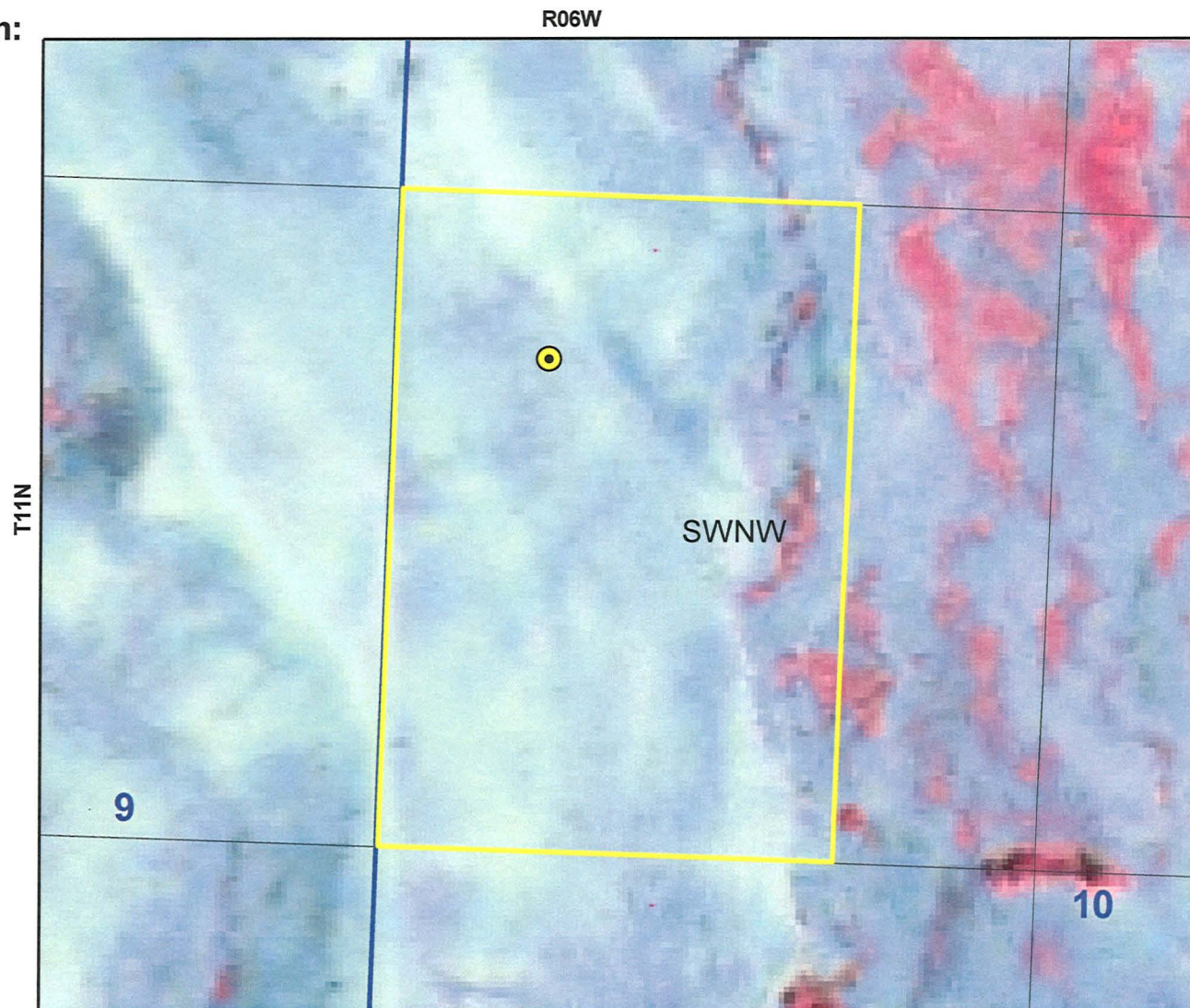
67-14304

Legend

-  Point of Diversion
-  Place of Use
-  Townships
-  PLS Sections
-  Quarter Quarters



Washington County
IDWR Basin 67



0 0.1 0.2 Miles



Prepared by J. Dean
On Monday, October 2, 2006
1987/88 Aerial Photography

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 67-14304 V1

WATER RIGHT NUMBER: 67-14304 V1

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	EDWARD G WOODS 1080 ROCK CREEK RD WEISER, ID 83672 (208)549-2849

Priority Date: 12/06/1993

Basis: Beneficial Use

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
DOMESTIC	01/01 to 12/31	0.040 CFS	
	<u>Total Diversion:</u>	0.040 CFS	

Location of Point(s) of Diversion

GROUND WATER	NW1/4SW1/4NW1/4	Sec. 10, Twp 11N, Rge 06W, B.M.
WASHINGTON County		

Place of Use

DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
11N	06W	10							X										

Conditions of Approval:

1. N11 The quantity of water decreed for this water right is not a determination of historical beneficial use.
2. N13 The quantity of water under this right shall not exceed 13,000 gallons per day.
3. C18 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.

Remarks:Comments:

1. jdean 10/2/2006 Small Domestic
Comment: This small domestic claim was recommended as claimed.

IDAHO DEPARTMENT OF WATER RESOURCES
Adjudication Recommendation Report 67-14304 V1

Dates and Other Information:

Decreed Date:
 Enlargement Use Priority Date:
 Enlargement Statute Priority Date:
 Defendant:
 Plaintiff:
 Civil Case Number:
 Judicial District:
 Notice of Error Flag:
 State or Federal:
 Owner Name Connector:
 Water District Number:
 Generic Max Rate Per Acre:
 Generic Max Volume Per Acre:
 Swan Falls Trust or Nontrust:
 Swan Falls Dismissed:
 DLE Act Number:
 Carey Act Number:
 Mitigation Plan: False

Combined Use Limits:Element Reviewed/Verified Dates:

<u>Element</u>	<u>Last Reviewed Date</u>	<u>Reviewer</u>	<u>Last Verified Date</u>	<u>Verifier</u>	<u>Status</u>
Summary			10/02/2006	jdean	Active

Verification Log:

<u>Element</u>	<u>Date Time Stamp</u>	<u>Reviewer</u>	<u>Log text</u>
POD	10/2/2006 3:25:18 PM	jdean	Updated shape
POU	10/2/2006 3:26:31 PM	jdean	Updated PLS for Active POU
POD	10/2/2006 3:25:31 PM	jdean	Updated PLS
Summary	10/2/2006 3:42:22 PM	jdean	(No) 1. Is the basis of this claim a Decree, License, Permit, Application or Posted Notice? (Yes) 3. Is the water being used for all of the purposes claimed and to the extent claimed? (No) 5. Does this right have any combined use limits with other rights? (No) 6. Is an additional remark and/or condition required? (Yes) 7. Would you like to view the recommended right? (No) 8. Is this a split or combined right? (No) 9. Do you have documents you would like to attach or link to the file? (Yes) 10. Would you like to set the verification date?
POU	10/2/2006 3:26:20 PM	jdean	Updated shape for Active POU

Water Supply Bank:

Receipt Details for ID W029101

Status	Adjustment Type	Version
		1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
4/30/2002 1:38:16 PM	4/30/2002 2:52:27 PM	WESTERN	\$25.00	Cash
Payer	WOODS, EDWARD G.			

Account Information:

Check #	Account #	Credit Card Name	Authorization #
Card Expiration Date	Credit Card Transaction #		

Comment Adjudication Claim Fee**Fee Detail:**

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	ADJUDICATION FILING FEE	42503	0337			1155

Refund(s):

Amount	Payee	Date	Document Number
--------	-------	------	-----------------

Water Right Information:

Basin Number	Sequence Number	Split Suffix	Amount	Type
--------------	-----------------	--------------	--------	------

[Print Report](#)

Well Proof Report

Receipt #
Permit No. 739127
Metal Tag No.
Well ID # 289088
Water Right No.

Relationship: Owner/Operator
Name: ED WOODS Phone:(509)365-2295
Address: 20 HENDERSON RD
LYLE WA 98635

Permit Status: Permitted

Well Location: Township 11N, Range 06W, Section 10, NW, SW, NW
COUNTY WASHINGTON

Address of Well Site: ROCK CREEK RD
WEISER ID

Use of Well: Domestic-Single Residence

Activity: New Well

Region: Western

Construction Method:

Const Start Date: Nov 22 1993 Const End Date: Dec 03 1993

Well Drilling Company: R L SELVES WELL DRILLING (No. 489)

Card Hold Name: RON L SELVES Phone:(208)642-4013 (No. 4362)

Certifying Official:

Date Received: Jan 18 1994

Date Approved: Jan 18 1994

Date Inspected:

Completed Depth: 177 FT Drilled Depth: Surface Diameter: 6 inches

Primary Flow Depth: Overall Temp: Static Water Level: 99999

Head Pipe Length: Tail Pipe Length Production Rate: 11 GPM

Closed in Pressure: 8 Psi Bottom Hole Temp: 74 F. Low Temp Geothermal: NO

Control Device Desc:

Access Port Desc:

Casing

From	To	Diam	Type	Gauge	Join Type	Material
1	25	6	Casing	0.25	Welded	Steel

Seal

From	To	Material	Amount	Method
------	----	----------	--------	--------

Screen

From	To	Dia	Type	Slot Size	# of Slots	Material	Perforation Meth	Screen Type
------	----	-----	------	-----------	------------	----------	------------------	-------------

Lithologic Layer

From	To	Diam	Water	Color	Material	Texture
------	----	------	-------	-------	----------	---------

Drive Shoe

Depth	Test Description
-------	------------------

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 67-14304
Date Received: 4/30/2002
Receipt No: W029101
Received By:

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

1. Name of Claimant(s)

EDWARD G WOODS Phone: (208)549-2849
1080 ROCK CREEK RD
WEISER ID USA 83672

2. Date of Priority: 12/06/1993

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
11N	06W	10	NW SW NW	WASHINGTON	

5. Description of diverting works:

Well, submersible pump.

6. Water is used for the following purposes:

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

7. Total Quantity Appropriated is:

0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
11N	06W	10	SW NW	DOMESTIC	

SCANNED
APR 12 2004

11. Place of use in counties: WASHINGTON

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

13. Other Water Rights Used:

14. Remarks:

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. AL7-14304Date Received 4/20/02Receipt Number W029101

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

- Name of Claimant (s) Edward H. Woods Phone (208) 549 2849
Mailing Address 1080 Rock Creek Rd Zip 83672
- Date of Priority (Only one per claim) 12/6/1993 Month/Day/Year
- Source of water supply (Check one) (☒ Groundwater or Other () (a) _____
which is tributary to (b) _____ Name or kind of source
- Location of point of diversion is: Township 11N Range 6W
Section 10, NW 1/4 of SW 1/4 of NW 1/4, Govt. Lot _____, BM.,
County of WASHINGTON
Additional points of diversion if any: _____
- 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. well, submersible pump
- Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)
For Dom purposes from 1/1 to 12/31 amount .04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 (cfs)
- Total consumptive use claimed is de minimus
- Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 Home

10. Place of use is: Township: 11N Range 6W

Section 10, SW 1/4 of NW 1/4, Govt. Lot _____, B.M.,

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? WASH

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.

() None or _____

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 _____

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

Signature of Claimant (s) Edward J. Edwards Date Apr 30 - 02

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 _____) SS.

Subscribed and sworn (or affirmed) before me this 30th day of April 2002

NOTARIZATION REQUIRED FOR EACH CLAIM

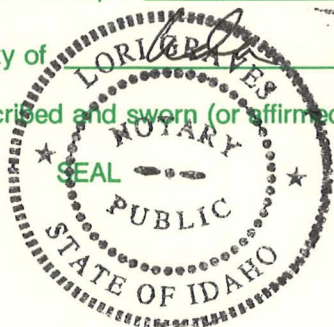
Notary Public Loi Graven

Residing at Boise

My Commission Expires 6/18/04

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant



Ball Point Pen

Other IDWR No.

Name ED WOODS

Address 20 HENDERSON RD.

City INDIAN WASH.

State WA, Zip 98635

Sketch map location must agree with written location.

Figure 1 shows a 4x4 grid map of the study area. The grid is labeled with 'N' at the top and '2' at the bottom. The grid cells contain various symbols representing different land use types or vegetation cover.

T. 11 North ☒ or South ☐
R. 6 East ☐ or West ☒
Sec. 10 NW 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County WASHINGTON

Address of Well Site

Rock Cr. Rd. Wagon ID

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

☐ Mud Rotary ☐ Air Rotary ☒ Cable ☐ Other

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Cement	D	30		over barrel to Dept Pumped - 52

Was drive shoe seal tested? Y ☐ N ☐ How?

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threads
1/2"	62	25	250	1		☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes

Top Packer or Headpiece

Bottom Tailpiece

☒ Perforations Method _____
☒ Screens Type 4 1/2, 3/4 Material _____

[illegible]☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
11 gpm	140'	197	3 1/2

Temperature of water 74 Was a water analysis done? Yes ☐ No ☐

By whom?

Water Quality (odor, etc.) *Good*

Bottom Hole Temperature 174

0 ft. below surface Depth artesian flow found 1.75

Artesian pressure 8 lb. Describe access port

Describe Controlling Devices: Water Saniscal w/gal
And Valve

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	S
10	0	3	Top Soil		
10	3	1	clay		
10	6	15	laminated gravel		
10	15	20	Clay Blue		
6	20	175	Clay Blue		
6	175	177	Sand white	11	

Date: Started 1-27-93

Completed 12-3-4

13. DRILLER'S CERTIFICATION

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

Firm Name Dejima Well Consulting Firm No. _____

Firm Official *[Signature]* Date *12-*

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES