



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

June 28, 2021

JEANNE MOORE, MELVIN MOORE
4210 HIGHWAY 6
HARVARD ID 83834

SUBJECT: Palouse River Basin Adjudication Claim (PRBA) No. 87-10683, New Claim

Dear Ms. Moore,

In regards to our phone conversation on 6/28/2021, enclosed is your Amended Notice of Claim to a Water Right and new claim for the hand dug well supplying the home. Below are comments on what is amended on the claim already received by the Department. Everything on the Amended Claim is the same as the original claim except for the redactions and these highlighted sections:

- #2, Priority Date: Changed it to when the well was completed and began serving the home.
- #12, Remarks: Stated that there is the hand dug well used as backup which is the new claim to be filed.

I sent a new claim form for the hand dug well supplying the home. This claim form is nearly completed and nearly identical to your amended claim based on our phone conversation. Below are further instructions required from you:

- #14, Signature: You and/or Melvin Moore sign and date **both** documents.
- Fee: Provide a \$25.00 check payable to IDWR for the new claim.

By amending your claim, you are more accurately reflecting the use occurring on the property. If you do not complete the amended claim form and provide a complete new claim form, your claim will be recommended the same as the preliminary recommendation you received. Review the claims for accuracy. If there are any additional changes you would like to make, cross out the incorrect information, replace it with the correct information and initial next to it.

Please mail the completed Amended Notice of Claim, new claim and check back to my attention at 7600 N. Mineral Drive Suite 100, Coeur d'Alene ID 83815. If you have any questions, feel free to contact me. My telephone number is (208) 762-2810 and my email is christopher.holmes@idwr.idaho.gov.

Sincerely,

Christopher Holmes
Water Resource Agent

**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: 87-10683
Date Received: 8/29/2019
Receipt No: T107630
Claim Fee:
Received By: _____

AMENDED

**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)

MELVIN MOORE
4210 HIGHWAY 6
HARVARD ID 83834

Phone: (208) 875-1450

JEANNE MOORE
4210 HIGHWAY 6
HARVARD ID 83834

Phone: (208) 875-1450

2. Date of Priority: ~~1/1/2006~~ 10/19/2005

3. Source:

Trib. to:

GROUND WATER
~~GROUND WATER~~ _____

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
41N	03W	3	NW SW		LATAH	
~~41N~~	~~03W~~	~~3~~	~~NW SW~~		~~LATAH~~	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1 / 1	12/31	0.02		0

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 0 A.F.A.

8. Non-irrigation uses:

Household, gardens, orchards, stock.

9. Place of use:

DOMESTIC within LATAH County

Township	Range	Section	¼	of	¼	Lot	Acres
41N	03W	3	NW		SW		

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:

12. Remarks:

Priority Date Explanation:

Replacement well for hand dug well. As-Built on file in your office for hand dug well dating 1932. Hand dug well still used for backup, see other claim filed.

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 _____ 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.

**SIGN
HERE**



Signature of Claimant(s):

Date: _____

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D0040878
DRILLING PERMIT NO. 836740
Water Right or Injection Well No. _____

2. OWNER:
Name Art & Frieda Lietz
Address 1049 Ropy Creek Rd
City Harward State ID Zip 83834

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 41 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 3 1/4 NW 1/4 SW 1/4
Gov't Lot _____
County Idaho Long: _____
Address of Well Site 4210 Highway 6 City Harward
(Give at least name of road - Distance to Road or Landmark)
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
<u>Bentonite</u>	<u>0</u>	<u>30</u>	<u>5 bags</u>	<u>Dry</u>

Was drive shoe used? ☒ ☐ N Shoe Depth(s) 36 ft.
Was drive shoe seal tested? ☒ ☐ N How? dry

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" +2</u>	<u>38</u>	<u>250</u>		<u>steel</u>	☒	☐	☒	☐
<u>4 1/2 -30</u>	<u>275</u>	<u>160</u>		<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw cut
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>275</u>	<u>275</u>	<u>4X3</u>	<u>100</u>	<u>4 1/2</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

22 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Top of well
41 N 3W 3

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>12</u>			

Water Temp. 54° Bottom hole temp. 54°
Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>dirt</u>		☒
	<u>2</u>	<u>28</u>	<u>clay</u>		☒
	<u>28</u>	<u>35</u>	<u>soft shale</u>		☒
	<u>35</u>	<u>38</u>	<u>shale, shale</u>		☒
<u>6</u>	<u>38</u>	<u>193</u>	<u>med shale</u>		
	<u>193</u>	<u>258</u>	<u>softer shale</u>		
	<u>258</u>	<u>275</u>	<u>water in softer shale</u>		☒

RECEIVED
NOV 22 2005
IDWR/North

RECEIVED
DEC 22 2005
IDWR/North

Completed Depth 275 ft (Measurable)
Date: Started 10/17/05 Completed 10/19/05

14. DRILLER'S CERTIFICATION

(We certify that all minimum well construction standards were complied with at the time the rig was removed.)
Company Name Whitcomb Well Drill Firm No. 125
Principal Driller Jim Whitcomb Date 11/20/05
and
Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.