

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: _____

RECEIVED

JUL 15 2021

IDWR / NORTH

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.

Signature of Claimant(s): Jeane M. Moore Date: 7/13/2021

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

2. OWNER:
Name Art & Linda Lietz
Address 1049 Ruby 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
Lat: _____ 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? ☒ Y ☐ N Shoe Depth(s) 36 ft.
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6 1/2</u>	<u>0</u>	<u>38</u>	<u>250</u>	<u>steel</u>	☒	☐	☒	☐
<u>4 1/2</u>	<u>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 raw cut
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>235</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: _____

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

Depth first Water Encounter 258

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	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>med. 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

I/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.