

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 CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Claim ID: 87-12321

Date Received: 9-20-21

Receipt No: N037445

Claim Fee: 25.00 By: NS

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SEP 20 2021

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

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SEP 24 2021

DEPARTMENT OF
WATER RESOURCES

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) Michael Utter Phone 208 699-2266Mailing address 8515 S Hidden Hollow dr Mike Wg 99023
Street or Box City State ZipEmail address (optional) am195962@yahoo.com2. Date of priority: (Only one per claim) 5-29-2020 (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 03W, Section 17,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Latah;Parcel no. 1960

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 supplies 3000 gal cistern, each home pulls
from TANK Individually. Shared well with 2 other neighbors

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 .04 CFS
Month/Day Month/Day cfs (A) or AFY ()For Stockwater purposes from 1-1 to 12-31 amount .02 CFS7. Total quantity claimed .04 cfs ☒ or AFY ()

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

one home and stock

9. Location of place of use is: Township 41N, Range 03W, Section 8,
SE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. 9000
If different than shown in Item 4
for (check one) Domestic () Stock () Domestic and Stock (☒)

Additional places of use, if any NE NE

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 of well completion

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 Clark Fork-Pend Oreille 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) Michael D. Utter Date: 9-20-21

Date: _____

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) _____ Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0084503
Drilling Permit No. 894200

Water right or injection well # _____

2. OWNER: Gary Moore

Name Gary Moore

Address 200 Wyoming St

City Deary State ID Zip 83823

3. WELL LOCATION:

Wtp. 41 North ☒ or South ☐ Rge. 3 East ☐ or West ☒
Sec. 17 1/4 SE 1/4 NE 1/4

Gov't Lot _____ County Utah

Lat. 46 ° 53.974 (Deg. and Decimal minutes)

Long. 116 ° 44.314 (Deg. and Decimal minutes)

Address of Well Site 2678 Hwy 9

City Princeton

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Bentonite	0	38	2 sacks	top pour
Half Plug				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
8	42	38	250	steel	☒	☐	☐
4 1/2	20	560	200	pvc	☐	☐	☐

Was drive shoe used? ☒ N Shoe Depth(s) 38'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method skill saw

Manufactured screen ☐ Y ☒ N Type _____

Method of Installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
520	560	1/8x4	.5	4 1/2	pvc	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 540 Static water level (ft) 490

Water temp. (°F) 51 Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>560</u>	<u>50</u>	<u>100</u>

Test method:

Pump ☐ Gazer ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: good

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12	0	2	Dirt		☒
12	2	25	Brown clay		☒
12	25	38	Soft brown lsalt		☒
8	38	50	Soft brown lsalt		☒
8	50	70	Thin clay		☒
8	70	90	Blue shale		☒
8	90	130	medium black lsalt		☒
8	130	220	hard black lsalt		☒
8	220	275	Soft black+red lsalt		☒
8	275	300	Gray shale		☒
8	300	410	Soft red+black lsalt		☒
8	410	495	medium black lsalt		☒
8	495	554	Soft black lsalt		☒
8	554	560	medium black lsalt		☒

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JUL 30 2020

IDWR/NORTH

Completed Depth (Measurable): 560

Date Started: 5-28-20 Date Completed: 5-29-20

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 Brett Uhlenkott Drilling Co. No. 709

*Principal Driller Brett Uhlenkott Date 6-5-20

*Driller Dustin Schmitt Date 6-5-20

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

M 6/5/20