

OCT 06 2021

DEPARTMENT OF
WATER RESOURCES

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

Claim ID: 63-35120

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

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

Please type or print clearly Peggy S. Kasper-Walla

1. Name of claimant(s) Andrew J Walla III Phone (208) 585 8798Mailing address 5985 W Hollilynn Dr Boise ID Zip 83709
Street or Box City StateEmail address (optional) andyandpeggy@hotmail.com2. Date of priority: (Only one per claim) February 10 2005 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____

which is tributary to (b) _____

4. Location of point of diversion is: Township 2N, Range 2E, Section 7
NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of AdgParcel no. R1241271705

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.

Domestic well at 515 feet deep providing water
to domestic household and 1/2 acre

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic purposes from 01/01 to 12/31 amount .04 cfs (X) or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .04 cfs (X) or AFY ()

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

Domestic, 1 home single family

9. Location of place of use is: Township 2N, Range 2E, Section 7,
NE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. R1241271705
If different than shown in Item 4
for (check one) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Adg

11. Do you own the property listed above as place of use? Yes (X) 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 (X)

13. Remarks (include an explanation of the priority date selected):

Date IDWR Well Drillers report received by Water Resources
Western Region IDWR No. D0038475. Concerned with local
Development and need to protect my water rights

14. Basis of claim (check one) Beneficial Use (X) 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 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: 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) Regina Kasper-Walker Date: 9-30-21
AM With Date: 9-30-21

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

Office Use Only
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 _____ 1/4 _____ 1/4 _____ 1/4
 Lat: _____ : _____ : _____ Long: _____ : _____ : _____

1. DRILLING PERMIT NO. _____
Other IDWR No. D0038475

2. OWNER:

Name Garrik Construction Northwest
Address 5614 E Bay Trail Court
City Boise State ID Zip 83716

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location

W  E

Twp. 2 North ☒ or South ☐
Rge. 2 East ☒ or West ☐
Sec. 7 $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$
 $\frac{10 \text{ acres}}{40 \text{ acres}} \quad \frac{160 \text{ acres}}{160 \text{ acres}}$

S Gov't lot _____ County Ada

Lat: : : Long: : :

Address of Well Site 985 Hollilynn Dr
City Boise

(Give at least name of road + Distance to Road or Landmark)

Lt. 8 Blk. 2 Sub. Name Calderon
Estates

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

7. SEALING PROCEEDINGS				METHOD
SEAL/FILTER PACK			AMOUNT	
Material	From	To	Sacks or Pounds	
Bentonite	0	18'	18 Sacks	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 505

Was drive shoe scal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 5/8	+2	505	.250	Steel	☒	☐	☒	☐
5 9/16	498	505	.250	Steel	☐	☒	☒	☐
					☐	☐	☐	☐

Length of Headpipe 5' Length of Tailpipe N/A

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☒ Screens Screen Type Johnsons

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
500'	515'	.030		5 9/16	SS	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

255 ft. below ground
Depth flow encountered _____
devices: _____

Artesian Pressure _____ lb
Describe access port or control _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
60+			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth: 515' (Measurable)

Date: Started 1-26-05 Completed 1-26-05

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 Hiddleston & Son, Inc. Firm No. 35

Firm Official E. J. Sullivan Date 2-7-09

Supervisor or Operator John Smith Date 2-4-05
(Sign once if Firm Official & Operator)