

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

Ident. Number 97-8574

Date Received: 4/27/2022

Receipt No: T112623

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ALICIA EHRMANTROUT	13861	PRIEST RIVER	ID	USA	83856
MACKEY EHRMANTROUT	13861 HWY 57	PRIEST RIVER	ID	USA	83856

2. Date of Priority:

Date	Explanation
1/4/1995	Drilling permit #97-94-n-0094 Date 1-4-95 by intermountain drilling

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
58N	05W	28		SE	NE	BONNER		it is a 6 inch steel casing with a 4 inch pvc liner. Water is brought up with standard household pump.

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		Normal household use and lawn maintenance

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	1.00		

Totals

CFS	AF	KW
1.00		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
58N	05W	28	SE	NE	BONNER			



9. **Remarks:**

10. **Other Water Rights:**

None that we are aware of. Simply want to own our rights for household use and lawn maintenance.

11. **Basis:**

Basis
Beneficial Use

12. **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 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: _____

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): _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,

Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,

Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

 Use Typewriter
or
Ball Point Pen

 1. DRILLING PERMIT NO. 97-94-N-0094
Other IDWR No. _____

 2. OWNER: David Holloway
Name _____
Address RT 5 Box 82A
City Pratt River State Id Zip 83856

3. LOCATION OF WELL by legal description:

 Sketch map location must agree with written location.

N		Twp. <u>58</u>		North ☒ or South ☐	
E		Rge. <u>5</u>		East ☐ or West ☒	
S		Sec. <u>28</u>		SE 1/4 <u>NE</u> 1/4 <u>1/4</u>	
W		Gov't Lot _____		County <u>Bonner</u>	

Address of Well Site Hwy 57
mule marker 14 City Pratt River
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Bentonite</u>	<u>0</u>	<u>19</u>	<u>5 Sacks</u>		<u>Overbore</u>

 Was drive shoe used? ☒ Yes ☐ No
Was drive shoe seal tested? ☐ Yes ☒ No How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>#1</u>	<u>93</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>250</u>	<u>200</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skull Saw
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>190</u>	<u>250</u>	<u>1/4"</u>	<u>100</u>		<u>PVC</u>	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 225 ft. Describe access port or control devices:
LE 1/2 72 521 5W

11. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>15+</u>		<u>250</u>	<u>1 hr</u>

 Water Temp. 50° Bottom hole temp. _____
Water Quality test or comments: Clear

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>16</u>	<u>sand</u>		☒
	<u>16</u>	<u>19</u>	<u>clay w/ fine sand lenses</u>		☒
<u>6"</u>	<u>19</u>	<u>81</u>	<u>clay w/ fine sand lenses</u>		☒
	<u>81</u>	<u>113</u>	<u>Decomposed Granite</u>		☒
	<u>113</u>	<u>225</u>	<u>Granite - S+p - med</u>		☒
	<u>225</u>	<u>231</u>	<u>Granite - S+p - frac @ 15 gpm</u>	☒	
	<u>231</u>	<u>250</u>	<u>Granite - S+p - med</u>		☒

RECEIVED

JAN 05 1995

 NORTHERN REGION
IDWR

OFFICE USE ONLY

 Inspected by LDK

 Twp 58N Rge 5W Sec 28

MICROFILMED

1/4 SE 1/4 NE 1/4

DEC 29 1998

 Completed Depth 250' (Measurable)
Date: Started 12-2-94 Completed 12-5-94

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 Intermountain Drilling Firm No. 513

 Firm Official [Signature] Date 1-4-95

 and
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)