State of Idaho
DEPARTMENT OF WATER RESOURCES
SOUTHERN REGION • 650 ADDISON AVE W STE 500 • TWIN FALLS ID 83301-5858
Phone: (208) 736-3033 • Fax: (208) 736-3037
Website: www.idwr.idaho.gov • Email: southerninfo@idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

July 17, 2020

STEPHEN WESTPHAL
21333B HWY 30
FILER ID 83328

RE: Water Right No. 47-14510

Dear Property Owner(s):

We have been advised that you may be the current owner of the property associated with the water right(s) referenced above. Terry Greene, the former property owner, contacted us on a different matter and it was discovered that the water right referenced above may need to be updated to reflect your ownership. Enclosed is additional information, for your review.

Before we can modify our records to reflect your ownership of this water right, we need to have the enclosed Notice of Change in Water Right Ownership form completed. Please follow the instructions attached to the form and return to this office with all of the required information.

If you have any questions regarding this letter, please feel free to contact our office.

Sincerely,
Denise Maline
Denise Maline
Administrative Assistant

Enclosures

Nothing received as of 9/28/2020.

CURRY

Form No. 42-1408 (2) 5 1/82

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL
STATE OF IDAHO, IN AND FOR THE COUNTY

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576
Ident. Number A47-14510
Date Received 12-9-82 ADM
Receipt Number 5005990 Sec

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. Filing fee $25

Please type or print clearly

1. Name of Claimant (s) Jerry Green or C. L. Green Phone (208) 734-4316
   Mailing Address 403 Buchanan Twin Falls Zip 83301
2. Date of Priority (Only one (1) per claim) Dec. 31 1925
3. Source of water supply (a) Ground water
   which is tributary to (b) _____
4. Location of point of diversion is: (2 wells) Township 10S Range 16E
   Section 14 . NE 1/4 of NW 1/4 of NW 1/4 . Govt. Lot _____ , B.M.,
   County of Twin Falls
   Additional points of diversion if any: _____
5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. Dug well and Pump
6. Water is claimed for the following: (Limited to Domestic and/or Stockwater only. See Instructions)
   (Both dates are inclusive)
   For Domestic purposes from 01-01 to 12-31 amount .06 (cfs)
   For Stock purposes from 1-1 to 12-31 amount .02
7. Total quantity claimed .08 (cfs)
8. Total consumptive use claimed is *de minimus*
9. Non-irrigation uses. Describe fully. (Domestic: give number of households served; Stockwater: Type and number of livestock) D/2 S/2

Copies: White-State, Yellow-Claimant

10. Place of use is: Township: 10S Range 16E

Section 14, NW 1/4 of NW 1/4, Govt. Lot _____, B.M.,

County of Twin Falls for (Circle One) Domestic Stock **Domestic and Stock**

Additional places of use, if any _____

11. In which county (ies) are lands listed above as place of use located? Twin Falls

12. Do you own the property listed above as place of use? Yes X No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purpose as described above.
Well Driller 4-88 for domestic use

14. Remarks: 2nd well not yet used.

15. Basis of Claim (Circle One) **Beneficial Use** Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)
(a.) By signing below, I/We acknowledge that I/We have received, read and understood the form entitled "How you will receive notice in the Snake River Basin Adjudication". (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of Attachments 0

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) G J Greene Date 12-9-88

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____ (Title) of _____ (Organization), that I have signed the foregoing document in the space below as _____ (Title) of _____ (Organization) and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____ } SS
County of Twin Falls }

Subscribed and sworn (or affirmed) before me this 9th day of Dec. 19 88

SEAL

Notary Public _____

Residing at Kimberly Id.

My Commission Expires 6/10/92

Last Name Greene Ident No. _____

Form 238-7
9/82

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR BALLPOINT PEN

RECEIVED JUN 16 1988 Department of Water Resources

1. WELL OWNER

Name Terry Greene

Address 403 Buchanan, Twin Falls, Idaho 83301

Owner's Permit No. 47-88-5-011 dkt

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
.250 inches	6 5/8 inches	+ 1'9" feet	24' feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

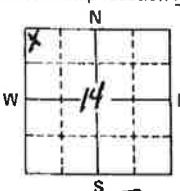
Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter ____ Slot size ____ Set from _____ feet to _____ feet
Diameter ____ Slot size ____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18' Material used in seal: ☒ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata
Describe access port Well Cap

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____
County Twin Falls
NW ¼ NW ¼ Sec. 14, T. 10 N. R. 16 E. W.

7. WATER LEVEL

Static water level 30' feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

9. LITHOLOGIC LOG

Bore Diam.	Depth From	Depth To	Material	Water Yes	Water No
8"	0	20	Top Soil		X
8"	20	40	Gray Lava Rock	X	
6"	40'	45'	Brown Lava Rock	X	
	45'	48'	Gray Lava Rock	X	
	48	50'	Brown Lava Rock	X	
	50'	60'	Gray Lava Rock (Broken) & Tak	X	
	60'	90'	Gray Lava Rock (Solid)		X
	90'	90'	Brown Lava Rock (Broken)	X	
6"	90'	100'	Grey Lava Rock some cinders	X	

RECEIVED JUN 2 1988 Department of Water Resources Eastern Region Office

10.

Work started 5/3/88 finished 5/3/88

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Elsing Well Drilling Firm No. 31
Address P.O. Box 919 Twin Falls, Idaho 83303 Date 5/3/88
Signed by (Firm Official) Arnold Elsing
and
(Operator) Donald Elsing

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT