

**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 BEAR RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 79576

Ident. Number: 13-7089  
Date Received: 11/27/2024  
Receipt No: POC 1608  
Claim Fee: \$ 25.00  
Received By: CG

**RECEIVED**

NOV 27 2024

IDWR/Preston

**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)

KEVEN STONE  
1218 S GIRAFFE RD  
PRESTON ID 83263

Phone: (208) 852-2329

GAYLENE STONE  
1218 S GIRAFFE RD  
PRESTON ID 83263

Phone: (208) 251-7465

2. Date of Priority: 11/4/1974

3. Source:  
GROUND WATER

Trib. to:

4. Point of Diversion:

| Township | Range | Section | ¼ of ¼ of ¼ | Lot | County   | Type |
|----------|-------|---------|-------------|-----|----------|------|
| 15S      | 40E   | 34      | SW NW       |     | FRANKLIN |      |

5. Description of diverting works:

See backfile.

6. Water is used for the following purposes:

| Purpose    | From | To    | C.F.S. | (or) | A.F.A |
|------------|------|-------|--------|------|-------|
| DOMESTIC   | 1/01 | 12/31 | 0.04   |      | 1.2   |
| STOCKWATER | 5/01 | 8/15  | 0.03   |      | 0.41  |

7. Total Quantity Appropriated is:

0.05 C.F.S. and/or 1.61 A.F.A.

8. Non-irrigation uses:

50 head of cattle, 50 head of sheep, 30 chickens.  
One home, lawn and garden.

9. Place of use:

DOMESTIC within FRANKLIN County

| Township | Range | Section | ¼  | of | ¼  | Lot | Acres |
|----------|-------|---------|----|----|----|-----|-------|
| 15S      | 40E   | 34      | SW |    | NW |     |       |

STOCKWATER within FRANKLIN County

| Township | Range | Section | ¼  | of | ¼  | Lot | Acres |
|----------|-------|---------|----|----|----|-----|-------|
| 15S      | 40E   | 34      | SW |    | NW |     |       |

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.

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11. Other Water Rights Used:

None.

12. Remarks:

Priority Date Explanation:

This is the date from the water license.

13. Basis of Claim: License

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 BEAR 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: \_\_\_\_\_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):

Gaylene Stone

Date:

Nov 27, 2024

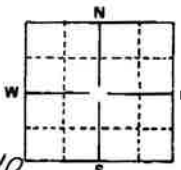
Gaylene Stone

Date:

OCT 8 1974

## 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.

| <b>1. WELL OWNER</b><br>Name <u>Cecil Foster</u><br>Address <u>RT 3 Preston</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | <b>7. WATER LEVEL</b><br>Static water level <u>91</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Temperature <u>64</u> ° F. Quality _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |            |       |  |          |       |  |      |    |     |    |    |   |    |                     |  |  |  |    |     |                   |  |  |  |     |     |                            |  |  |  |     |     |                          |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |                  |  |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other<br>Discharge G.P.M. <u>35</u> Draw Down <u>Not Known</u> Hours Pumped <u>1 hr</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |            |       |  |          |       |  |      |    |     |    |    |   |    |                     |  |  |  |    |     |                   |  |  |  |     |     |                            |  |  |  |     |     |                          |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |                  |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | <b>9. LITHOLOGIC LOG</b> <u>044941</u> <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6"</td><td>0</td><td>22</td><td>Brown clay &amp; gravel</td><td></td><td></td></tr><tr><td></td><td>22</td><td>110</td><td>Brown clay &amp; sand</td><td></td><td></td></tr><tr><td></td><td>110</td><td>121</td><td>Brown &amp; green &amp; blue shale</td><td></td><td></td></tr><tr><td></td><td>121</td><td>127</td><td>White shale &amp; lime stone</td><td></td><td></td></tr><tr><td></td><td>127</td><td>130</td><td>Brown green clay shale</td><td></td><td></td></tr><tr><td></td><td>130</td><td>148</td><td>Gray shale</td><td></td><td></td></tr><tr><td></td><td>148</td><td>153</td><td>White soft shale</td><td></td><td></td></tr><tr><td></td><td>153</td><td>160</td><td>Gray green shale</td><td></td><td></td></tr></tbody></table> |                            | Hole Diam. | Depth |  | Material | Water |  | From | To | Yes | No | 6" | 0 | 22 | Brown clay & gravel |  |  |  | 22 | 110 | Brown clay & sand |  |  |  | 110 | 121 | Brown & green & blue shale |  |  |  | 121 | 127 | White shale & lime stone |  |  |  | 127 | 130 | Brown green clay shale |  |  |  | 130 | 148 | Gray shale |  |  |  | 148 | 153 | White soft shale |  |  |  | 153 | 160 | Gray green shale |  |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Material                   |            | Water |  |          |       |  |      |    |     |    |    |   |    |                     |  |  |  |    |     |                   |  |  |  |     |     |                            |  |  |  |     |     |                          |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |                  |  |  |
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| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0     | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Brown clay & gravel        |            |       |  |          |       |  |      |    |     |    |    |   |    |                     |  |  |  |    |     |                   |  |  |  |     |     |                            |  |  |  |     |     |                          |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |                  |  |  |
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| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |            |       |  |          |       |  |      |    |     |    |    |   |    |                     |  |  |  |    |     |                   |  |  |  |     |     |                            |  |  |  |     |     |                          |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |                  |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>6"</u> inches Total depth <u>160</u> feet<br>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness <u>250</u> inches Diameter <u>6"</u> inches From <u>1</u> feet To <u>129</u> feet<br>Was casing drive shoe used? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch<br>Size of perforation <u>4</u> inches by <u>12</u> inches<br>Number <u>5</u> perforations From <u>130</u> feet To <u>120</u> feet<br>Well screen installed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>18</u> Material used in seal <input checked="" type="checkbox"/> Cement grout<br><input type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Sherry pit <input checked="" type="checkbox"/> Temporary surface casing<br><input type="checkbox"/> Overbore to seal depth |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |            |       |  |          |       |  |      |    |     |    |    |   |    |                     |  |  |  |    |     |                   |  |  |  |     |     |                            |  |  |  |     |     |                          |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |                  |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>FRANKLIN</u><br>S.W. 1/4 Sec. <u>34</u> T. <u>15</u> N.S. R. <u>40</u> E/W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | <b>10.</b> Work started <u>9-26-74</u> finished <u>9-28-74</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |            |       |  |          |       |  |      |    |     |    |    |   |    |                     |  |  |  |    |     |                   |  |  |  |     |     |                            |  |  |  |     |     |                          |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       | <b>11. DRILLERS CERTIFICATION</b><br>Firm Name <u>Chater Mt.</u> Firm No. <u>106</u><br>Address <u>Box 747 Latah</u> Date <u>9-30-74</u><br>Signed by (Firm Official) <u>Charles Frauchen</u><br>and<br>(Operator) <u>Charles Frauchen</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |            |       |  |          |       |  |      |    |     |    |    |   |    |                     |  |  |  |    |     |                   |  |  |  |     |     |                            |  |  |  |     |     |                          |  |  |  |     |     |                        |  |  |  |     |     |            |  |  |  |     |     |                  |  |  |  |     |     |                  |  |  |