

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: _____

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

1. Name of claimant(s) Elena Watson Phone (208) 835-5504

Mailing address 1040 Orchard Loop Rd. Troy, Idaho Zip 83871 Street or Box City State

Email address (optional) edotwat@gmail.com

2. Date of priority: (Only one per claim) 02/28/1995 (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 39N, Range 3W, Section 6 SW 1/4 of NE 1/4, or Govt. Lot BM, County of LATAH

Parcel no.

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.

From well driller's report February 28th, 1995, well sealed with bentonite, casing diameter 6" steel, liner diameter 4.5" plastic, static

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 0.04 cfs (✓) or AFY () Month/Day Month/Day

For Stockwater purposes from 01/01 to 12/31 amount 0.02

7. Total quantity claimed 0.06 cfs (✓) or AFY ()

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

Domestic : 1 home; Stockwater: 2-4 head horses

Water Right # 86-12177

9. Location of place of use is: Township 39N, Range 3W, Section 6,
SW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) Domestic () Stock () Domestic and Stock (✓)

Additional places of use, if any _____

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):
The house was placed on the property in 1985 and water was provided by a nearby well. When the property was subdivided and sold, a well was drilled for the house and it is this well that now supplies the house.

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 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: ~~01~~ 02

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) *Elma Watson* Date: 4/9/24

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

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 86-94-N-4
Other IDWR No. _____

2. OWNER:
Name HILLCREST FARM POTRATZ/POTRATZ
Address 1046 Orchard Loop Rd.
City Troy Id. State _____ Zip 83871

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		
	X	
S		

Twp. 39 North or South
Rge. 3 East or West
Sec. 6 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County _____

Address of Well Site same as above

City _____
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		
Bentonite	0 25	300	TOP Pour	

Was drive shoe used? Y N. Shoe Depth(s) _____
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 + 2	-23	256		Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5	-5	260	160	Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method SAW
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-240	-260	1/2" x 1/4"	50	4 1/2"	Plastic	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

11.5 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Top of casing

11. WELL TESTS:

Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>7.00</u>			<u>0.75</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	19	Clay (Brown)		<input checked="" type="checkbox"/>
8	19	23	Mod Hard Bslt		<input checked="" type="checkbox"/>
6	23	48	" " "		<input checked="" type="checkbox"/>
6	48	90	Clay		<input checked="" type="checkbox"/>
6	90	135	Soft Bslt (Frost)		<input checked="" type="checkbox"/>
6	135	149	Shale		<input checked="" type="checkbox"/>
6	149	216	Hard Black Bslt		<input checked="" type="checkbox"/>
6	216	257	Gray Sticky Clay		<input checked="" type="checkbox"/>
6	257	260	Sandstone		<input checked="" type="checkbox"/>

3-11-95

THE INCLOSED WELL REPORT
IS FOR YOUR RECORDS:
THANK YOU:

RAY:

Ray

RAY UHLENKOTT
RT. 1 BOX 20
GRANGEVILLE, ID 83530

208-962-3201

Completed Depth 260 (Measurable)
Date: Started 2 28 95 Completed 2 28 95

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 Uhlenkott Drilling Firm No. 125

Firm Official Ray Uhlenkott Date 3-1-95

and Supervisor or Operator Ray Uhlenkott Date 3-1-95

(Sign once if Firm Official & Operator)