

DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

JAN 25 2022

By _____
 CIVIL CASE NUMBER: 49576 Clerk
Deputy Clerk

**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 COEUR D'ALENE-SPOKANE RIVER
 BASIN WATER SYSTEM

Ident. Number: 95-18246
 Date Received: 1/18/2022
 Receipt No:
 Claim Fee: \$25⁰⁰
 Received 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

1. Name of Claimant(s)
 ARTHUR HERNANDEZ Phone: (916) 708-5237
 5810 MARIPOSA AVE
 CITRUS HEIGHTS CA 95610

 AND/OR

 CORENA L HERNANDEZ Phone: (916) 208-5237
 5810 MARIPOSA AVE
 CITRUS HEIGHTS CA 95610

2. Date of Priority: 8/17/2020

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	05W	21	NW NE		BONNER	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR 1 HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	21	NW		NE		

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.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

DATE WELL COMPLETED AND WATER FIRST PUT TO BENEFICIAL USE

13. Basis of Claim: Beneficial Use

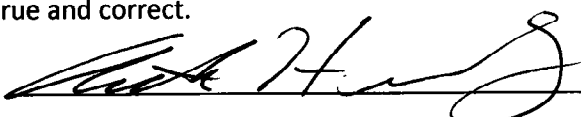
14. Signature(s)

(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 COEUR D'ALENE-SPOKANE 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):  Date: 11/18/22

_____ Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0084673

Drilling Permit No. 8153410

Water right or injection well # _____

2. OWNER: _____

Name Jeff Needs

Address 31899 Hwy 41

City Blanchard State ID Zip 83804

3. WELL LOCATION:

Twp. 54 North or South Rge. 5 East or West

Sec. 21 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County Bonner

Lat. 48 04.092 (Deg. and Decimal minutes)

Long. 116 58.0488 (Deg. and Decimal minutes)

Address of Well Site NKA Premier Dr.

City Blanchard

Lot. 4 Blk. 1 Sub. Name Jordan S. Addition

4. USE:

Domestic Municipal Monitor Irrigation Thermal Injection

Other _____

5. TYPE OF WORK:

New well Replacement well Modify existing well

Abandonment Other _____

6. DRILL METHOD:

Air Rotary Mud Rotary Cable Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite Chips	0	18	450 lbs.	Temporary Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	200	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) Ring @ 200'

9. PERFORATIONS/SCREENS:

Perforations Y N Method Air Perforator

Manufactured screen Y N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
180	200	1/4x1	6	6"	Steel	.250

Length of Headpipe NA Length of Tailpipe NA

Packer Y N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

11. FLOWING ARTESIAN:

Flowing Artesian? Y N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 128' Static water level (ft) 128'

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Steel Welded Cap

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
NA	20+ gpm	240	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (In)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12"	0	18	Top Soil, Sand and Gravel		X
8"	18	80	Coarse Sand		X
8"	80	100	Fine Sand		X
8"	100	128	Sand and Gravel		X
8"	128	150	Large Gravel	X	
8"	150	175	Sand and some Gravel	X	
8"	175	200	Coarse Sand and Large Gravel	X	

RECEIVED

AUG 21 2020

IDWR/NORTH

Completed Depth (Measurable): 200'

Date Started: 08/13/2020 Date Completed: 08/17/2020

14. DRILLER'S CERTIFICATION:

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

Company Name Horsley Drilling, Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date 08/20/2020

*Driller Jeremy Borges Date 8/20/2020

*Operator I _____ Date _____

Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.