

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

JAN 25 2022

By _____ *OC*
 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: 95-18247
 Date Received: 1/19/2022
 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)

JED CLARK
 10267 W HIDDEN VALLEY RD
 RATHDRUM ID 83858

Phone: (208) 304-5414

AND/OR

NICOLLE R M BENZ
 10267 W HIDDEN VALLEY RD
 RATHDRUM ID 83858

Phone: (406) 291-6528

2. Date of Priority: 7/3/2014

3. Source:
 GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
52N	05W	35	NW SE		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	0.01		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
52N	05W	35	NW		SE		

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

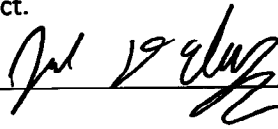
14. Signature(s)

(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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

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: 1/19/2022

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0061997

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER: Tyler & Brittany Haug

Name _____
Address 15264 Hoyt Rd.
City Rathdrum State ID Zip 83858

3. WELL LOCATION:

Twp. 52 North or South Rge. 05 East or West
Sec. 35 1/4 NW 1/4 SE 1/4

Gov't Lot _____ County Kootenai

Lat. 47 ° 48:472 (Deg. and Decimal minutes)

Long. 116 ° 55:434 (Deg. and Decimal minutes)

Address of Well Site 10417 W. Hidden Valley Rd.

City Rathdrum

Lot. 3 Blk. 1 Sub. Name Cedar Hollow

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	0	38	1100 lbs.	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	38	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4"	-10	300	.200	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 38'

9. PERFORATIONS/SCREENS:

Perforations Y N Method Skilsaw

Manufactured screen Y N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-280	300	1/4x8	48	4"	PVC	.200

Length of Headpipe _____ Length of Tailpipe _____

Packer Y N Type _____

10. FILTER PACK:

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

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) 64 Static water level (ft) 45

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

Describe access port Welded Steel Cap

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	BaJer	Air	Flowing artesian
	10	1 hr.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input 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
10	0	3	Top Soil		X
10	3	21	Clay & Soft Granite		X
10	21	38	Drk Gray Med. Granite		X
6	38	65	Drk Gray Med. Granite	X	
6	65	130	Tan & Wht Granite		X
6	130	253	Gray & Wht Granite	X	
6	253	300	Blk & Wht Granite		X

Completed Depth (Measurable): 300'

Date Started: Jul 2, 2014 Date Completed: Jul 3, 2014

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 H2O Well Service Inc. Co. No. 448

*Principal Driller [Signature] Date Jul 9, 2014

*Driller [Signature] Date 7-10-14

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

