

1028

**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

CIVIL CASE NUMBER: 49576

Ident. Number: 95-18450
Date Received: 4/27/2023
Receipt No:
Claim Fee: \$25.00
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)

HOLLY BELIVEAU-HUBBARD
PO BOX 2531
COEUR D ALENE ID 83816

Phone: (208) 661-9514

AND/OR

JESSE HUBBARD
PO BOX 2531
COEUR D ALENE ID 83816

Phone:

2. Date of Priority: 9/1/2019

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	03W	26	SE SW		BONNER	

5. Description of diverting works:

WELL WITH PUMP 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	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	03W	26	SE		SW		

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 WAS PLACED INTO SERVICE. POD ON RP013580000030A, AND POU ON RP013580000040A

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):

Holly Beliveau-Hubbard Date: 4/28/23

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0057305

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

2. OWNER

Name Charles Hubbard
Address 67 Mountain Ash
City Sagle State ID Zip 83860

3. WELL LOCATION:

Twp. 54 North ☒ or South ☐ Rge. 3 East ☐ or West ☒
Sec. 26 10 acres 1/4 SE 40 acres 1/4 SW 160 acres 1/4

Gov't Lot _____ County Bonner
Lat. 47° 59.617 (Deg. and Decimal minutes)
Long. 116° 39.965 (Deg. and Decimal minutes)
Address of Well Site Old House Road
City Athol

(Give at least name of road + distance to Road or Landmark)

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ 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 ft³)	Placement method/procedure
Granular Bentonite	0	45	1350	Dry Pour
Bentonite Grout	95	108	2 Ft³	Cementing Plug

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	108	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	-20	680	.200	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drilled 3/8" holes

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
640	680	3/8"	120	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 ft³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 528 Static water level (ft) 185
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port 3/4" Plug

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	5	1 Hour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water Quality test or comments: Clear, Cold, No Smell

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	1	Top soil		X
12	1	45	Sand and gravels coarse		X
8	45	64	Sand and gravels coarse		X
8	64	93	Sand and gravels fine		X
8	93	100	Granite decomposed brown/white soft		X
8	100	108	Granite black/white medium		X
6	108	260	Granite black/white/brown medium		X
6	260	380	Granite white/black/green medium		X
6	380	528	Granite black/white/brown medium	X	
6	528	680	Granite black/white/green	X	
			1 GPM @ 528 FT		
			4 GPM @ 662 FT		

SCANNED

RECEIVED

MAR 11 2010

JAN 04 2010

IDWR / NORTH

UNITED CROWN
PUMP & DRILLING

3135 W Hayden Ave. Hayden ID 83836
Office (800) 682-9641 (208) 772-7867

Completed Depth (Measurable) 680 FT

Date: Started 12-02-09 Completed 12-08-09

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 United Crown Pump & Drilling Co. No. 636

*Principal Driller Jason Beckham Date 12-09-09

*Driller [Signature] Date 12-9-09

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.