

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

JUL 15 2024

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: 95-18582
 Date Received:
 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)

SANDY SERIGHT
 11880 W BOSTON CT
 POST FALLS ID 83877

Phone: (208) 755-9633

AND/OR

NANCY SERIGHT
 11880 W BOSTON CT
 POST FALLS ID 83877

Phone: (208) 759-7490

2. Date of Priority: 6/23/2021

3. Source:
 GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	05W	15	SW NE		KOOTENAI	

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	0.03		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	15	SW		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 WAS PLACED INTO SERVICE

13. Basis of Claim: Beneficial Use

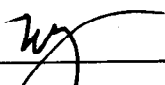

14. Signature(s)

(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: 7/10/24
 Date: 7/10/24

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0088359

Drilling Permit No. 900491
Water right or injection well # _____

2. OWNER:

Name Sandy & Nancy Seright
Address PO Box 1346
City Post Falls State ID Zip 83877

3. WELL LOCATION:

Twp. 50 North or South Rge. 05 East or West
Sec. 15 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County Kootenai

Lat. 47 ° 40.3890N (Deg. and Decimal minutes)

Long. 116 ° 56.9394W (Deg. and Decimal minutes)

Address of Well Site 11880 Boston Court (RP0-L510-001-002-0)

City Post Falls

Lot. 2 Blk. 1 Sub. Name Wellington Heights Estates

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	38	900 lbs	Dry Pour

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"	20	1200	40	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 Saw Cut

Manufactured screen Y N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
1140	1200	1/8x6	2	4"	PVC	40

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
N/A				

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) 280 Static water level (ft) 220
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port Welded Steel Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
N/A	10 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
10	0	4	Topsoil		X
10	4	38	Granite		X
6	38	280	Granite		X
6	280	282	Fractured Granite	X	
6	282	1042	Granite		X
6	1042	1044	Fractured Granite	X	
6	1044	1160	Granite		X
6	1160	1162	Fractured Granite	X	
6	1162	1200	Granite		X

RECEIVED
JUN 29 2021
IDWR/NORTH

Completed Depth (Measurable): 1200'
Date Started: 06/12/2021 Date Completed: 06/23/2021

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 06/23/2021

*Driller Nick Metcalfe Date 06/23/2021

*Operator II _____ Date _____

Operator I Austin Jewecka Date 06/23/2021

* Signature of Principal Driller and rig operator are required.