

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

RECEIVED
APR 13 2017
IDWR / NORTH

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: 95-17298
Date Received: 4/13/2017
Receipt No: N032497
Claim Fee: 25.00
Received By: L.W.

**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)

BRIAN R STETLER
512 ROAD 22
ATHOL ID 83801

Phone: 715 520-2059

KAREN FARRELL
512 ROAD 22
ATHOL ID 83801

Phone: 715 520-7037

2. Date of Priority: 9/3/2005

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	02W	19	SE SE		BONNER	

5. Description of diverting works:

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:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	02W	19	SE		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 and Priority Date Explanation:

DATE WELL WAS COMPLETED AND HOOKED UP TO HOME.

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 X do not _____ 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): Brian R. Jett Date: 4-13-2017

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 40669
DRILLING PERMIT NO. 835458
Water Right or Injection Well No. _____

2. OWNER:

Name DEL High
Address PO Box 58
City CAREYWOOD State Id Zip 83809

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 54 N North ☒ or South ☐
Rge. 2 W East ☐ or West ☒
Sec. 19 SE 1/4 SE 1/4
Gov't Lot _____
County BONNER
Lat. : : Long. : :
Address of Well Site 512 Rd 22City CAREYWOOD
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	18	150 lbs	OVERHOPE

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	4	19	150	STEEL	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method	Screen Type & Method of Installation
NONE	

From	To	Shot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground
Depth flow encountered 38 ft
Artesian pressure 0 to 9.3-05
Describe access port or control devices: STEEL PLATE
54N 2W 19

12. WELL TESTS:

Yield gal/min.	Drawdown	Pumping Level	Flowing Artesian
59 gpm	MAX	475	2425

Water Temp. cold Bottom hole temp. 206
Water Quality test or comments: good

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	1	BROKEN ROCK		X
8	1	19	HARD SWD GRANITE		X
6	19	28	" "		X
28	33		BROKEN " SEEP	X	
33	155		FIRM SWD "		X
155	198		SOFT "		
198	245		FIRM BRN WAT+BLK BRN		
245	345		" SOFT SPOTS - GRN. WHITE		
			BLACK + BRN		
345	395		HARD SWD GRANITE		X
395	401		BROKEN WHITE-BRN SEEP	X	
401	477		HARD WAT+BLK BRN GRN		X

Completed Depth 477 (Measurable)
Date: Started 8-22-05 Completed 9-3-05

14. DRILLER'S CERTIFICATION

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

Company Name BRAND X WATER WELLS Firm No. 289
Principal Driller Linda Louden Date 9-4-05
Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only
Well ID No. _____
Inspected by _____
Twp. _____ Rge. _____ Sec. _____
1/4 _____ 1/4 _____ 1/4 _____
Lat. : : Long. : :
RECEIVED
APR 13 2011
IDWR / NORTH

RECEIVED
APR 13 2017
WR / NORTH

NWSE

NESE

NWSW

19

20

SWSE

SESE

SWSW

54N02W

NWNE

NENE

NWNW

30

29

