

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

Claim ID: 95-17553

Date Received: 3/30/18

Receipt No: N033273

Claim Fee: \$250 By: JA

RECEIVED

MAR 30 2018

IDWR/NORTHERN

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

Please type or print clearly

- Name of claimant(s) PAUL D ATKINS Phone (208) 660-4711
Mailing address PO BOX 1207 SPIRIT LAKE ID 83869
Street or Box City State Zip
Email address (optional) paulatkins7@gmail.com
- Date of priority: (Only one per claim) 2/17/2000 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 54N, Range 04W, Section 19,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of BONNER;
Parcel no. RP54N04W190301A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
WELL WITH PIPELINE TO HOME
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

		Month/Day	Month/Day	cfs (✓) or AFY ()
For	<u>DOMESTIC</u>	purposes from <u>1/1</u>	to <u>12/31</u>	amount <u>0.04</u>
For	<u>STOCKWATER</u>	purposes from <u>1/1</u>	to <u>12/31</u>	amount <u>0.02</u>
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME, STOCKWATER USE FOR UP TO 5 HORSES

9. Location of place of use is: Township 54N, Range 04W, Section 19,
NE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME
If different than shown in Item 4

for (check one) **Domestic** () **Stock** () **Domestic and Stock** (✓)

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? BONNER

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

DATE WELL WAS COMPLETED AND WATER PUT TO BENEFICIAL USE

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Water System 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: 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) Paul Atkins Date: 3-30-18

PAUL ATKINS

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) PAUL D ATKINS Claim ID _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



RECEIVED

MAR 27 2000

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

IDWR/North

1. WELL TAG NO. D 0010 778

DRILLING PERMIT NO. _____

Other IDWR No. 763080

2. OWNER:

Name Bill G SongerAddress PO Box 968City Priest River State ID Zip 83956

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E S

Twp. 54 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 19 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County Banner
 Lat: _____ Long: _____
 Address of Well Site Spirit Lake
 City Spirit Lake
off Rd
 (Give at least name of road + Distance to Road or Landmark)

POSTED

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

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

- ☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

- ☐ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
Bentonite	0	18	7		Templasting

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 +1	236	250	Steel		☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method

Screens

Screen Type Telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
236	241	30		6	SS	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

180 ft. below ground Artesian pressure _____ lb.Depth flow encountered 190 ft. Describe access port or control devices: _____54N 4W 19

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 _____ 1/4 _____ 1/4 _____

Lat: _____ Long: _____

11. WELL TESTS:

- ☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8+	5 Feet	185	2 #

Water Temp. _____

Bottom hole temp. cold

Water Quality test or comments: _____

Depth first Water Encounter 190

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	18	Sand		☒
6	18	30	Gravel		☒
6	30	54	Sand, Gravel		☒
6	54	65	Gravel		☒
6	65	80	Sand Gravel		☒
6	80	120	Fine Sand		☒
6	120	190	coarse sand		☒
6	190	241	dirty sand		☒

Completed Depth 241 (Measurable)
 Date: Started 12-29-99 Completed 2-17-00

13. DRILLER'S CERTIFICATION

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

Company Name Carl Pitts & Sons Drilling Firm No. 168Firm Official Carl Pitts Date 2-23-00and Driller or Operator Joe Oakes Date 2-23-00

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES