

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: 95-4703

Date Received: 10-16-2018

Receipt No: N026541

Claim Fee: By:

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OCT 16 2018

IDWR/NORTH

Amended
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) WETTER TRUST Phone (208) 686-1864
Mailing address 393767 HWY 95 PLUMMER ID 83851
Street or Box City State Zip
Email address (optional) _____
- Date of priority: (Only one per claim) 11/29/2017 (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 46N, Range 05W, Section 24,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of BENEWAH;
Parcel no. RP46N05W247200A
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.
300 FEET DEEP, PIPED TO HOME
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- 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 ONE HOME

9. Location of place of use is: Township 46N, Range 05W, Section 24,
SE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. SAME
for (check one) **Domestic** (☒) **Stock** (☐) **Domestic and Stock** (☐)
If different than shown in Item 4

Additional places of use, if any _____

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

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 CONSTRUCTION FINISHED

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) _____ Date: _____
_____ 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

Trustee of Wetter Trust
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 Adelaide Wetter Date 10-16-2018

Printed Name of Authorized Agent Adelaide Wetter

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) WETTER TRUST Claim ID _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO.

DOO76388

DRILLING PERMIT NO.

Water Right or Injection Well#

2. OWNER:

Name:

Addie Wetter

Address:

393767 Highway 95

City:

Plummer

State:

Idaho

Zip:

83851

3. LOCATION OF WELL by legal description:

Twp.

46N

Rge.

5W

Sec.

24

1/4

S/E

S/E

1/4

10 acres

40 acres

160 acres

Gov't Lot

County

Benewah

Lat.

47

°

18

600

Deg. And Decimal min.

Long.

116

°

53

830

Deg. And Decimal min.

Address of well site:

City: 1.5 Miles South of Plummer, Hwy 95

4. USE:

☒ Domestic
 ☐ Municipal
 ☐ Monitor
 ☐ Irrigation
 ☐ Injection

5. TYPE OF WORK:

☒ New Well
 ☐ Replacement
 ☐ Modify existing
 ☐ Abandonment
 ☐ Other

6. DRILL METHOD:

Air Rotary

7. SEALING PROCEDURES:

Seal Material	From	To (ft)	Quantity (lbs. or ft.)	Placement method/procedure
Bentonite	0	38	1050	Pour

8. CASING/LINER:

Diameter	From	To	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded	Glued
6"	+2	98	250	Steel	X			X	
4"	-10	300	Sch 40	PVC		X			X

Was drive shoe used?

yes

Shoe Depth

98'

9. PERFORATIONS/SCREENS

 Perforations ☒ Yes ☐ No Method **Skill Saw**
 Manufactured screen ☐ Yes ☒ No Type **1/8 X 6"**

Method of installation:

From	To	Slot Size	Number	Diam.	Material	Gauge or Schedule
290	250	1/8	40	4"	PVC	Sch. 40

Length of Headpipe

Length of Tailpipe:

Packer

☐ Yes☒ No

Type:

10. FILTER PACK

Filter Material	From	To	WL Volume	Placement Method
NONE				

11. FLOWING ARTESIAN:

 Flowing artesian ☐ Yes ☒ No Artesian Pressure (PSIG) _____
 Describe control device: **CAP**

12. STATIC WATER LEVEL AND WELL TESTS:

 Depth first water encountered (ft) **180** Static water level: **49'**
 Water temp. **50** degrees Bottom hole temp. _____
 Describe access port: **CAP**

Well Test:

Test Method:

Drawdown (feet)	Discharge or yield	Test Duration	Pump	Ball	Air	Flowing Artesian
Est. 10		2 hrs	☐	☐	☒	☐

Water quality test or comments:

Good, clear, no odor

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia.	From (ft.)	To (ft.)	Remarks, lithology or description of repairs or abandonment	Water	
				Y	N
10	0	1	Road Gravel		
	1	3	Brown Shale Rock		
	3	4	Black Clay		
	4	42	Brown Clay		
8	42	58	Brown Sandy Clay		
	58	70	Brown Clay, Sandy Rock		
	70	85	Light Brown Broken Shale		
	85	95	Hard brown shale		
	95	107	Hard gray shale		
6	107	165	Medium hard tan shale		
	165	180	Hard brown shale		2gp
	180	210	Medium hard tan shale		
	210	220	Hard gray shale		
	220	275	Hard purple shale		
	275	300	Medium hard purple and gray shale	X	

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DEC 19 2017

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Completed Depth (Measurable): 300

Date Started: 11/27/2017

Date Completed: 11/29/2017

14. DRILLER'S CERTIFICATION:

Company Name: All Ways Drilling, Inc.

Co. No. 510

Principal Driller

Stanley K Wolfe

Date

12/8/17

Driller

Stanley K Wolfe

Date

12/8/17

Operator II

Date

*Signature of Principal Driller and rig operator are required.