

**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: 95-17771
Date Received: 2/22/2019
Receipt No: N034061
Claim Fee: \$25.00
Received By: Ja

RECEIVED

FEB 22 2019

IDWR / NORTH

**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)

N-SID-SEN CAMP
C/O MARK BOYD
36395 S HIWAY 97
HARRISON ID 83833

Phone: (208) 689-3489

2. Date of Priority: 11/6/1971

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
48N	04W	1	NE SW	3	KOOTENAI	

5. Description of diverting works:

140' well, 10 gpm pump feeds 20,000 gallon reservoir that supplies domestic water to 4 fire hydrants and 7 buildings for 10 connections on a 4" steel and PVC line.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Water usage for domestic usage at campground facilities.

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
48N	04W	1	NE		SW		
48N	04W	1	NW		SW		
48N	04W	1	SW		SW		
48N	04W	1	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:

None

12. Remarks:

Priority Date Explanation:
Well report

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 4

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

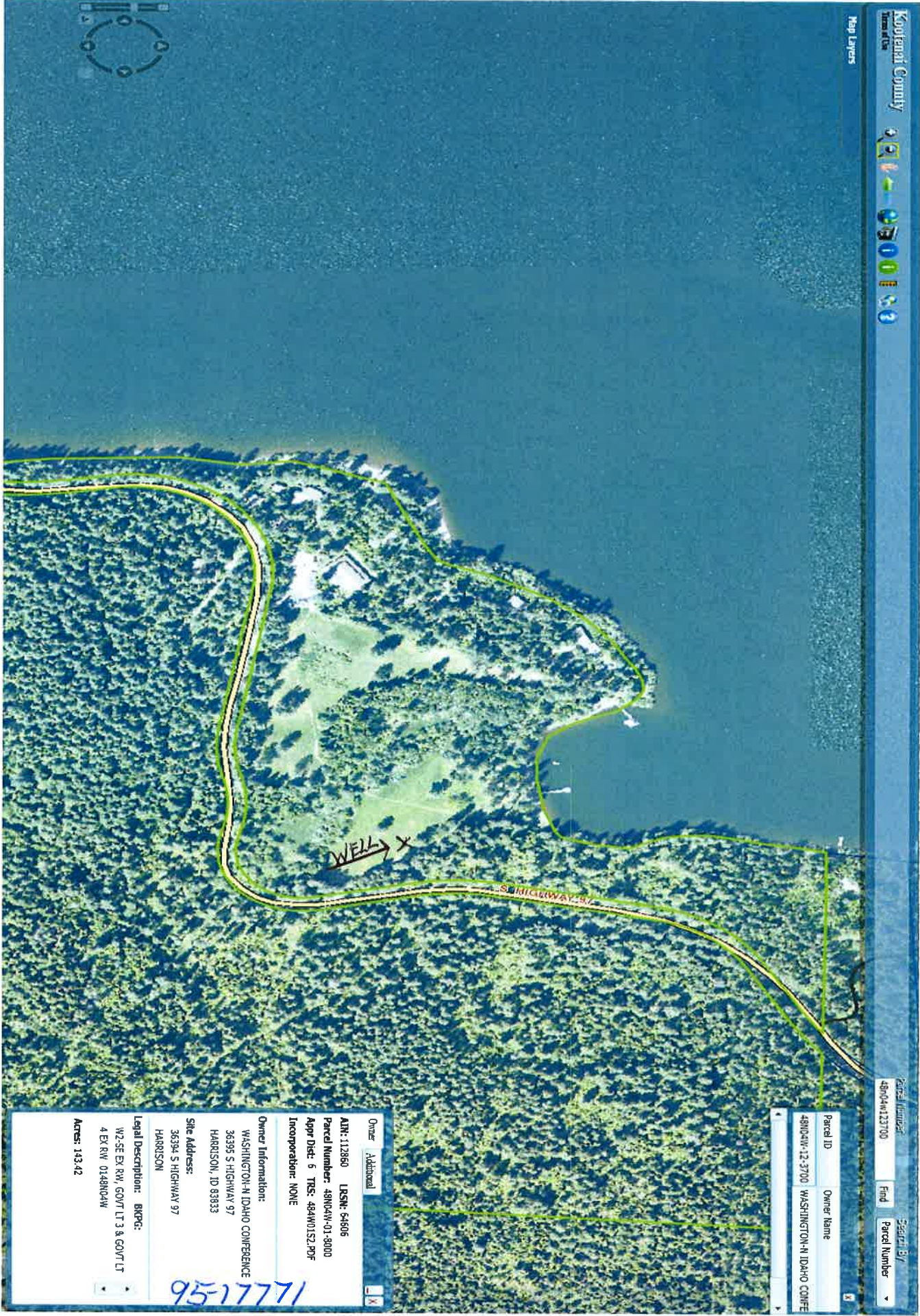
MANAGING DIRECTOR of N-SID-SEN CAMP
Title Organization

that I have signed the foregoing document in the space below as

MANAGING DIRECTOR of N-SID-SEN CAMP
Title Organization

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

Signature of Authorized Agent [Signature] Date 2/22/2019
Title and Organization MANAGING DIRECTOR N-SID-SEN CAMP



WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>CAMP N-510-SEN</u> Address <u>242 Box 240 Harrison Id.</u> Owner's Permit No. <u>95-90-N-91</u>	7. WATER LEVEL Static water level <u>9</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ <i>Describe artesian or temperature zones below.</i>																																
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Discharge G.P.M.</th> <th style="width: 33%;">Pumping Level</th> <th style="width: 33%;">Hours Pumped</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">60-140</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	50	60-140	2																										
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> <td>SEALED SOIL & CLAY</td> <td style="text-align: center;">-</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">97</td> <td style="text-align: center;">107</td> <td>BROKEN BASALT</td> <td style="text-align: center;">/</td> </tr> <tr> <td style="text-align: center;">125</td> <td style="text-align: center;">125</td> <td style="text-align: center;">125</td> <td>Red Clay</td> <td style="text-align: center;">/</td> </tr> <tr> <td style="text-align: center;">125</td> <td style="text-align: center;">140</td> <td style="text-align: center;">140</td> <td>BROKEN BASALT</td> <td style="text-align: center;">/</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water Yes No	From	To	8	1	10	SEALED SOIL & CLAY	-	10	97	107	BROKEN BASALT	/	125	125	125	Red Clay	/	125	140	140	BROKEN BASALT	/					
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																	
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table style="width: 100%;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.250</u> inches</td> <td><u>6</u> inches</td> <td><u>1</u> feet</td> <td><u>63</u> feet</td> </tr> <tr> <td><u>.250</u> inches</td> <td><u>5</u> inches</td> <td><u>58</u> feet</td> <td><u>100</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☒ Torch ☐ Gun Size of perforation <u>3/16</u> inches by <u>4</u> inches <table style="width: 100%;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>30</u> perforations</td> <td><u>79</u> feet</td> <td><u>95</u> feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? ☒ Yes ☐ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>60</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>Well Cap</u>	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>63</u> feet	<u>.250</u> inches	<u>5</u> inches	<u>58</u> feet	<u>100</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>30</u> perforations	<u>79</u> feet	<u>95</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. Subdivision Name _____ Lot No. <u>142</u> Block No. _____ County <u>ROCKWELL</u> E 1/2 NW 1/4 Sec. <u>12</u>, T. <u>48</u> N 1/2 R. <u>4</u> W 1/2	10. Work started <u>9-18-90</u> finished <u>9-19-90</u>																																
	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>BRONSON WILSON DRILLERS</u> Firm No. <u>360</u> Address <u>Box 15 PINE LAKE ID</u> Date <u>9-19-90</u> Signed by (Firm Official) <u>Howard D. Brown</u> and (Operator) _____																																

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Administration

RECEIVED

JUN 23 1972

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer
within 30 days after completion or abandonment of the well.

Department of Water Administration

1. WELL OWNER

Name BRUCE EVARTS
Address RT. 2 HARRISON IDAHO
Owner's Permit No. 95-71-N-5

7. WATER LEVEL

Static water level 65 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature 66.0 F. Quality TASTE GOOD
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Baller ☒ Other AIR

Discharge G.P.M.	Draw Down	Hours Pumped
<u>50</u>		

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal ☐ Industrial ☐ Stock

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>5</u>	<u>Brown Clay</u>		<u>X</u>
<u>14</u>	<u>5</u>	<u>14</u>	<u>Dark red gravel</u>		<u>X</u>
<u>14</u>	<u>14</u>	<u>45</u>	<u>Broken Basalt</u>		<u>X</u>
<u>45</u>	<u>73</u>	<u>73</u>	<u>Brown Clay</u>		<u>X</u>
<u>73</u>	<u>73</u>	<u>98</u>	<u>Broken Basalt</u>	<u>X</u>	
<u>6</u>	<u>98</u>	<u>115</u>	<u>White Clay</u>		<u>X</u>

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 8 inches Total depth 115 feet
Casing schedule: ☒ Steel ☐ Concrete
Thickness Diameter From To
2.50 inches 6 inches 71 feet 97 feet
3/4 inches 5 1/4 inches 95 feet 115 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet

Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☒ Torch
Size of perforation 1/4 inches by 12 inches
Number From To
40 perforations 72 feet 97 feet
80 X 3/4 perforations 95 feet 115 feet
_____ perforations _____ feet _____ feet

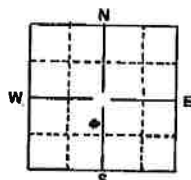
Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☒ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal? ☒ Yes ☐ No To what depth 25 feet
Material used in seal ☐ Cement grout ☒ Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.



County KOOTENAI
NE 1/4 SW 1/4 Sec. 1, T. 48 N., R. 4 W.

10.

Work started oct 26, 71 finished oct 29, 71

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Agua Drillers & Development Inc. 163
Driller's or Firm's Name Number
RT. 1 Orofino, Idaho 83544
Address
David J. Zander 11/6/71
Signed By Date

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

* Replacement well drilled in 1990. 2-21-19 L. Werner