

- My name is Jerry A. Guyan

- My address is 35220 N. Collins Road Athol ID 83801

Mailing address is P.O. Box 113 Bayview ID 83803

My phone number is: work _____ Home 425-344-6184

☐ I am an attorney representing _____

My name is _____

My address is _____

My phone number is _____

- ☐ I must amend my Notice of Claim to the use of water in the CSRBA because:

Disputing the Priority Date 09/12/2007
2007

- ☐ I am providing legal and factual documentation to support my amended Notice of Claim.
You must describe these documents and attach a readable copy.

See attached forms

I have attached:

☒ A fully completed amended Notice of Claim (available from IDWR).

☐ Any additional claim filing fee required pursuant to I.C. §42-1414(2). To determine this amount, contact IDWR at (800) 451-4129.

I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____.


(Signature of person filing motion)

(Attorney signing in representative capacity)

INSTRUCTIONS FOR MAILING

You must mail this motion to the Clerk of the court. **FAX filings will not be accepted.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

CERTIFICATE OF MAILING

I certify that on May 28, 2019 I mailed the original and copies of this motion, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court
Coeur d'Alene-Spokane River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

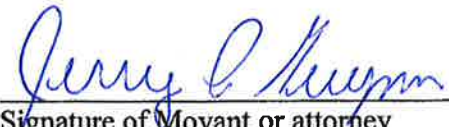
2. One copy to each party involved in the Subcase, including the claimant, all objectors, respondents and any party granted participation. Attach a list of names and addresses.

3. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

United States Department of Justice
Environment & Nat'l Resources Div
550 W Fort Street, MSC 033
Boise, ID 83724

Chief, Natural Resources Division
Office of the Attorney General
State of Idaho
PO Box 83720
Boise, ID 83720-0010



Signature of Movant or attorney
mailing on Movant's behalf

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

 Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 96 . 94 . N. 178 .

Other HWNR No. _____

2. OWNER:

2. OWNER: CARROL COLLINS
Name
Address PO BOX 603
City BAYVIEW State ID Zip 83803

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 54 North ☒ or South ☐
 Rge. 02 East ☐ or West ☒
 Sec. 32
 Gov't Lot _____ 1/4 NE 1/4 NE 1/4
 County KOOTENAI

Address of Well Site COLLINS RD

(Give at least) name of road + Distance to field or Leylandfield

Li. Bk. Sub. Name PARCEL #0350

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	6 bags	DRY POURED

Was drive shoe used? ☒ Y ☐ N ☐ Q

Was drive shoe seal tested? Y ☐ N ☐ How?

8. CASING/LINER:

Diameter	Form	To	Gauge	Material	Casing	Lower	Welded	Thru-bolted
6"	+2	-18	.250	STEEL	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	User
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

150 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control device:

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1/2 GPM			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 505' (Measurable)
Date: Started 06/15/94 Completed 06/16/94

13. DRILLER'S CERTIFICATION

1We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name **H2O WELL SERVICE INC** Firm No. **#448**

Firm Official John Whipple Date 6-22-94
and G. S. H. 6-22-94

Identify □ ×

Identify from: ▣ **Parcels** ▾

[-] Parcels

[-] GUYNN, JERRY A

[-] Parcel_Improvement_Information

54N02W320500

54N02W320500

54N02W320500

54N02W320500

54N02W320500

54N02W320500



Location:

Field	Value
COUNTY	Kootenai
IMP_TYPE	MHHOOKUP
OBJECTID	1722690
PIN	54N02W320500
YEAR_BUILT	1998