

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: 95-17866
Date Received: 8/8/2019
Receipt No:
Claim Fee:
Received By: _____

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)

MARA D CHONTOS GILCHRIST
PO BOX 273
BAYVIEW ID 83803

Phone: (208) 699-6019

AND/OR

STUART CHONTOS GILCHRIST
PO BOX 273
BAYVIEW ID 83803

Phone:

2. Date of Priority: 2/20/2012

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
53N	02W	6	SW NE		KOOTENAI	

5. Description of diverting works:

Well with pump and pipeline to home and lawn/garden irrigation

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:

1 home with lawn/garden

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
53N	02W	6	SW		NE		

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

Number of attachments: 3

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): Maria D. Monte-Quero Date: 8/16/19

Stut/MLL

Date: 8/14/17



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0060878

Drilling Permit No 862853

Water right or injection well # _____

2. OWNER

Name Aspen Homes

Address 4547 W. Seltice Way

City Coeur d'Alene State ID Zip 83814

3. WELL LOCATION:

Twp 53 North ☒ or South ☐ Rge 2 East ☐ or West ☒

Sec 6 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County Kootenai

Lat 47° 58.205 (Deg and Decimal minutes)

Long 116° 37.114 (Deg and Decimal minutes)

Address of Well Site 12323 Copperhead Road

City Bayview

(Give at least three of four - Distance to Road or Landmark)

Lot _____ Blk _____ Sub Name _____

4. USE:

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

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

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

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	23	650 lbs	Dry Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+3	320	.250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring bit at 320

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
300	320	1/4x1"	200	6"	Steel	.250

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 277 Static water level (ft) 277

Water temp (°F) _____ Bottom hole temp (°F) _____

Describe access port 3/4" Plug

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	-15-	1 Hours	☐	☐	☒	☐

Water Quality test or comments: Clear, Cold, No Smell

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y	N
12	0	1	Top soil		X
12	1	23	Sand and gravel coarse		X
8	23	130	Sand and gravel coarse with cobbles		X
8	130	140	Boulder		X
8	140	270	Sand and gravel coarse with cobbles		X
8	270	275	Boulder		X
8	275	320	Sand and gravel coarse	X	

RECEIVED

MAR 06 2012

IDWR / NORTH

UNITED CROWN
PUMP & DRILLING
3125 W Hayden Ave. Hayden ID 83835
Office (800) 682-9641 (208) 772-7867

Completed Depth (Measurable) 320
Date Started 2-16-12 Completed 2-20-12

14. DRILLER'S CERTIFICATION

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

Company Name United Crown Pump & Drilling Co No 636

*Principal Driller Jason Beckham Date 2-21-12

*Driller _____ Date 2-21-12

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required

S3N 02W 06

Identify

Identify from:  Parcels

Parcels

CHONTOS-GILCHRIST, STUART

Parcel_Improvement_Information

OK2460010010
OK2460010010
OK2460010010
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OK2460010010

Location:

Field	Value
COUNTY	Kootenai
IMP_TYPE	DWELL
OBJECTID	2002255
PIN	OK2460010010
YEAR_BUILT	2012