

RECEIVED

JUN 25 2021

DEPARTMENT OF
WATER RESOURCES

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: 95-18119

Date Received: _____

Receipt No: _____

Claim Fee: \$25.00

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

Please type or print clearly

- Name of claimant(s) IZZARELLI TRUST Phone (408) 859-5000
Mailing address 746 N FORK COON CREEK RD ST MARIES ID Zip 83861
Street or Box City State
Email address (optional) jenniferizzarelli@gmail.com
- Date of priority: (Only one per claim) 7/10/2020 (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 03W, Section 29,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of BENEWAH;
Parcel no. RP46N03W291801
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 used for stockwater and RV use until home gets built.
- 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>.04</u>
For	<u>Stockwater</u>	purposes from <u>1/1</u>	to <u>12/31</u>	amount <u>.02</u>
- Total quantity claimed .04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home, 10 head mixed stock

9. Location of place of use is: Township 46N, Range 03W, Section 29,
SW 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? 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):
Well completion date per well driller's report. See attachment. Well does not currently supply the same domestic
use as 95-18133, but may in the future.

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) Jan Izzarelli Date: 2021.06.21

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

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

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

Signature of Authorized Agent Jan Izzo 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 Jan Izzarelli Date 2021.06.21

Address _____

Name of claimant(s) IZZARELLI TRUST Claim ID _____

CSRBA LATE CLAIM WELL LOCATION



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 84711

Drilling Permit No. 894783
Water right or Injection well # _____

2. OWNER:

Name Kevin & Jaclynn Sagars
Address 701 N. Fork Coon Creek Rd
City St. Maries State ID Zip 83861

3. WELL LOCATION:

✓ Twp. 46 North ☒ or South ☐ Rge. 3 East ☐ or West ☒
Sec. 29 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County Benewah
Lat 47 18.347N (Deg. and Decimal minutes)
Long 116 44.527W (Deg. and Decimal minutes)
Address of Well Site 746 N. Coon Creek Rd
City St. Maries

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ 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	-38	950 lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6"	+2	-38	2.50	steel	☒	☐	☐	☒
4"	-16	-245	sch 40	pvc	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -38ft georocfor shoe

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method skillsaw

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-135	-235	1/4x8	105	4"	pvc	sch 40

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
none				

11. FLOWING ARTESIAN:

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

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 140 ft Static water level (ft) -52 ft

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

Describe access port well cap

Well test:	Test method:
Drawdown (feet)	Pump
Discharge or yield (gpm)	Bailer
Test duration (minutes)	Air
8 gpm airlift from 245 ft for 1.5 hrs	Flowing artesian

Water quality test or comments: cold and cloudy/no odor

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
10"	0	6	topsoil		X
	6	8	brown-clay		X
	8	14	red-clay		X
	14	30	brown-clay		X
	30	175	tan shale-soft 2 gpm	X	
6"	175	200	grey shale-soft 4 gpm	X	
	200	215	multi colored shale-soft		X
	215	235	grey shale-medium		X
	235	245	multi colored shale 8 gpm total	X	

RECEIVED

JUL 13 2020

IDWR/NORTH

Completed Depth (Measurable) 245 ft
Date Started: 7-9-20 Date Completed: 7-10-20

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 Interstate Drilling LLC Co No 689

*Principal Driller [Signature] Date 7-13-20

*Driller [Signature] Date 7-13-20

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required