

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 CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Ident. Number: 97-7635
Date Received: 9/10/2021
Receipt No: N037359
Claim Fee: 25.00
Received By: JD

RECEIVED

SEP 10 2021

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)

ROGER GRIESEMER
1293 BODIE CANYON RD
PRIEST RIVER ID 83856

Phone: (208) 448-1080

AND/OR

LYDIA GRIESEMER
1293 BODIE CANYON RD
PRIEST RIVER ID 83856

Phone: (208) 448-1080

2. Date of Priority: 7/26/2005

3. Source: GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	05W	14	SW SW		BONNER	

5. Description of diverting works:

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:

One home with lawn and garden

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	05W	14	SW		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 CLARK FORK-PEND OREILLE 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: 2

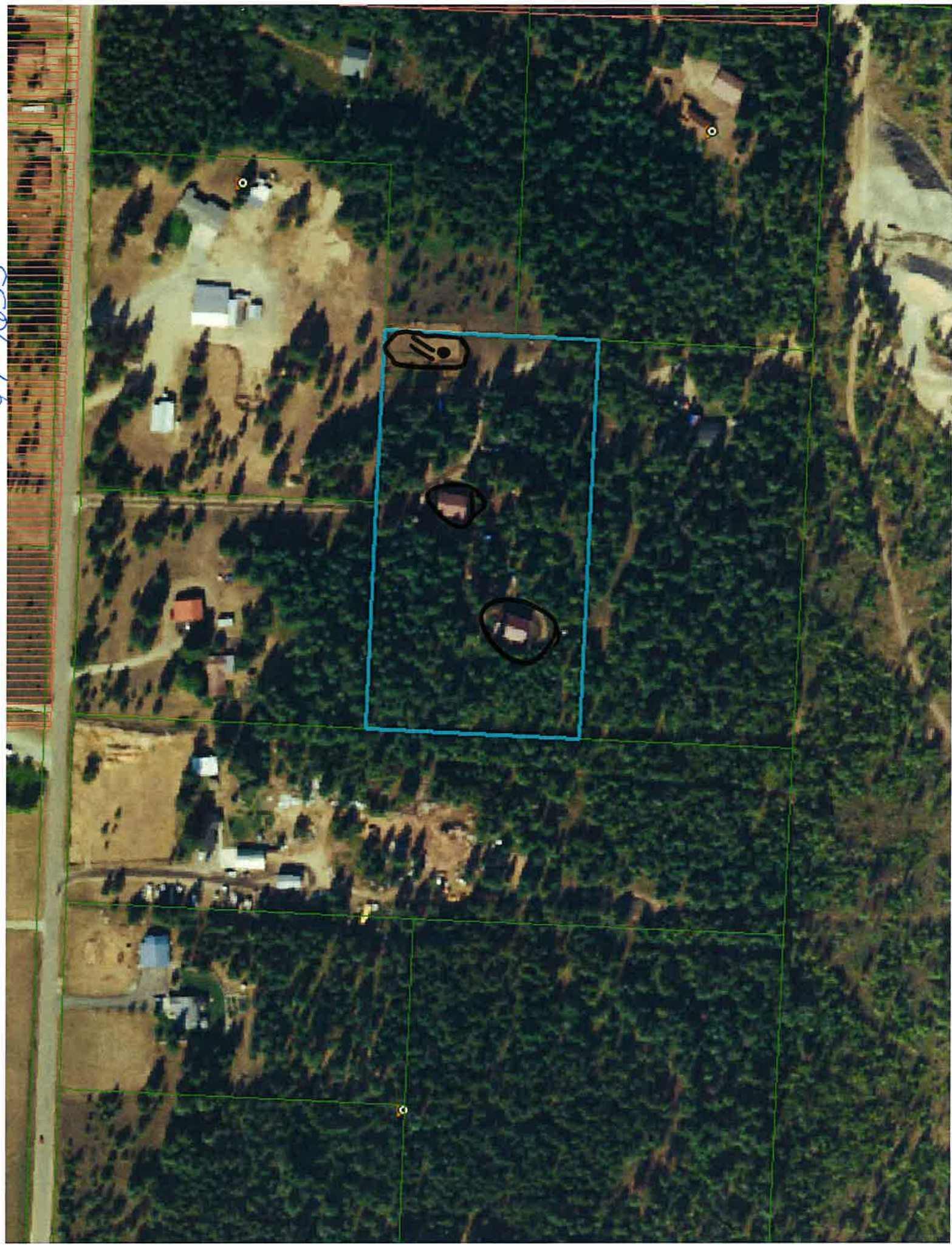
For Individuals:

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): Sydia Griesemer Date: 9-10-2021

Date: _____

97-7635



WELL DRILLER'S REPORT

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	Long	

1. WELL TAG NO. D0040485

Drilling Permit No: 835543
Other IDWR No.

2. OWNER

Name GRIESEMER, ROGER & LYDIA #2 Well Number: 1000

Address 1293 BODIE CANYON RD

City PRIEST RIVER State ID Zip 83856

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N					

Twp. 56 ☒ North or ☐ South
Rge. 5 ☐ East or ☒ West
Sec. 14 1/4 SW 1/4 SW 1/4

Gov't Lot County BONNER

Lat: Long:

Address of Well Site 1293 BODIE CANYON RD

City PRIEST RIVER

(Give at least name of road + Distance to Road or Landmark)

Lt. Blk. Sub. Name

4. USE:

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

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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	450 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	169	.250	STEEL	☒	☐	☒	☐
4	-6	522	SCH 40	PVC	☐	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKIL SAW

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
506	522	1/8 X 6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

400 ft. below ground Artesian pressure lb.
Depth flow encounter ft. Describe access port or control devices:

56N 5W 14

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5-8			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 490

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water
8	0	3	TOP SOIL	☐ Y ☒ N
8	3	40	CLAY WITH GRAVELS	☐ Y ☒ N
8	40	115	GRAY SILTY CLAY	☐ Y ☒ N
8	115	120	SAND, GRAVELS, & CLAY	☐ Y ☒ N
8	120	169	GRAY SILTY CLAY	☐ Y ☒ N
6	169	490	GRANITE	☐ Y ☒ N
6	490	500	GRANITE	☒ Y ☐ N
6	500	522	GRANITE	☐ Y ☒ N

RECEIVED
AUG 15 2005
IDWR/North

RECEIVED

Completed Depth 522 (Measurable)
Date: Started 7/22/2005 Completed 7/26/2005

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official Date 7-28-05

and Supervisor or Operator Date 7-28-05

TODD MORGAN (Sign Once if Firm Official and Operator)