

SEP 10 2021
Form No. 42-1485-2

IDWR / NORTH

Claim Fee: \$2500 By: [Signature]

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME, STOCKWATER FOR UP TO 20 HEAD MIXED STOCK

9. Location of place of use is: Township 57N, Range 05W, Section 14,
SE 1/4 of SE 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? BONNER

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):

DATE WELL COMPLETED AND PUT TO BENEFICIAL USE

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 Clark Fork-Pend Oreille 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) James A. Durham Date: 7-10-21

Elizabeth M. Durham Date: 7-10-21

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

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

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

Signature of Authorized Agent _____ 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.

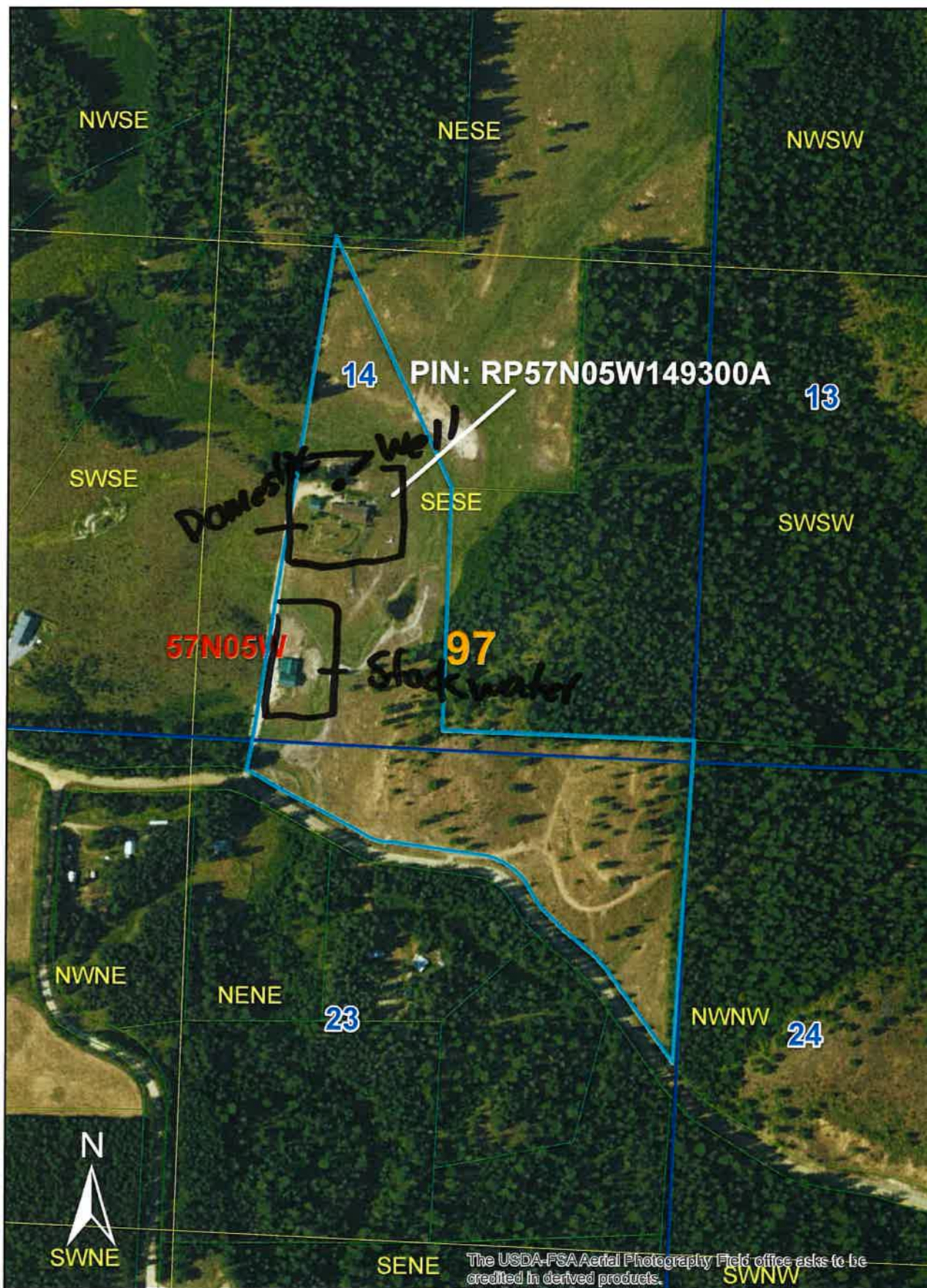
Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

PARCEL LOCATION FOR PRBA CLAIM

2019 AERIAL PHOTO



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Location Corrected by IDWR To:
T57N R05W Sec. 14 SWSESE
By: mciscell 2013-09-11

1. WELL TAG NO. D 0059367

Drilling Permit No. 861313

Water right or injection well # _____

2. OWNER: JAMES DURHAM

Name _____

Address 2097 PETERSON RD

City PIEST RIVER State ID Zip 83856

3. WELL LOCATION:

Twp. 57 North ☒ or South ☐ Rge. 5 East ☐ or West ☒

Sec. 14 SW 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County Bonner

Lat. 48 ° 17 ' 00 " (Deg. and Decimal minutes)

Long. 116 ° 55 ' 11 " (Deg. and Decimal minutes)

Address of Well Site 2097 PETERSON

City PIEST RIVER

(Give at least name of road + distance to road or landmark)

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)	Placement method/procedure
Bentonite	0	38	910LB	TEMP CASE

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	12	225	250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 225

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type ALLOY SEAMLESS

Method of installation TELESCOPING

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
226	236	40		5	STAINLESS	

Length of Headpipe 3' Length of Tailpipe 3'

Packer ☒ Y ☐ N Type NEOPRENE

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
			<u>NA</u>	

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) 200 Static water level (ft) 203

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

Describe access port _____

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
5	7	180	☐	☒	☐	☐

Water quality test or comments: very cold

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	34	BROWN CLAY		☒
10	34	38	GREEN CLAY		☒
6	38	50	GREEN CLAY		☒
6	50	85	GRAY CLAY		☒
6	85	118	SOFT GREEN CLAY		☒
6	118	135	HARD GREEN CLAY		☒
6	135	175	HARD GRAY CLAY		☒
6	175	200	HARD TAN CLAY		☒
6	200	245	SAND GRAVEL WATER	☒	
6	245	249	DIRTY BROWN SAND	☒	

RECEIVED

AUG 16 2011

RECEIVED

IDWR / NORTH

AUG 01 2011

IDWR / NORTH

Completed Depth (Measurable): 239 FT

Date Started: JUN 16 11 Date Completed: JUL 13 11

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 THE DRILLERMAN Co. No. 627

*Principal Driller Chad Lee Date JUL 13 11

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.