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SEP 15 2021

IDWR / NORTH

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: 97-7692
Date Received: 9/15/2021
Receipt No: N037398
Claim Fee: 25.00
Received By: JD

**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)

LUNDBERG FAMILY REVOCABLE CABIN TRUST
C/O BOYD & CINDY LUNDBERG
12207 E 22ND AVE
SPOKANE WA 99206

Phone: (509) 710-1576

2. Date of Priority: 11/22/2005

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	04W	16	NE NW		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	0.03		

7. Total Quantity Appropriated is:

0.03 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	04W	9	SE		SW		
58N	04W	16	NE		NW		

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:

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

Number of attachments: _____

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Cindy L. Lundberg Trustee of Lundberg Family Revocable Cabin Trust
Title Organization
Boyd Lundberg TRUSTEE LFRCT

that I have signed the foregoing document in the space below as

Cindy L. Lundberg Trustee of LFRCT
Boyd Lundberg TRUSTEE LFRCT

Title

LFRCT

Organization

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

Signature of Authorized Agent

Boyd Runkley Trustee
Cindy L. Lundberg Trustee

Date

9/15/2021

9/15/2021

Title and Organization

LFRCT

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____		1/4 _____ 1/4 _____	
Lat: _____		Long: _____	

1. WELL TAG NO. D 0040915
DRILLING PERMIT NO. 837483
Water Right or Injection Well No. _____

2. OWNER:

Name Boyd Lundberg
Address 12207 E 02
City Spokane State WA Zip 99206

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 58 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 16 1/4 NE 1/4 NE 1/4
Gov't Lot _____
County Bonner 10 acres 40 acres 160 acres
Lat: _____ Long: _____

Address of Well Site Mud Gulch Rd
City Priest River
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☐ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>9</u>	<u>Tem. Proving</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 95
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>95</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Coil - Pull Back - Packer

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>95</u>	<u>100</u>	<u>30</u>		<u>6</u>	<u>SS</u>	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10+</u>	<u>1</u>	<u>20</u>	<u>2</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: Cold

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Sand</u>			
<u>6</u>	<u>18</u>	<u>30</u>	<u>clay & sand</u>			☒
<u>6</u>	<u>30</u>	<u>95</u>	<u>clay</u>			☒
<u>6</u>	<u>95</u>	<u>100</u>	<u>Sand</u>			☒

RECEIVED
MAY 11 2005
IDWR/North

RECEIVED
MAY 25 2005
IDWR/North

Completed Depth 100 (Measurable)
Date: Started 11-16-05 Completed 11-22-05

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 Carroll's + Sons Firm No. 1168

Principal Driller Steve Pitts Date 11-22-05

Driller or Operator II Jae Ockert Date 11-22-05

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

97-7692



5810407 SE SW

Well
5810407 SE SW

Home