

**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: 97-7710
Date Received: 9/17/2021
Receipt No: N037420
Claim Fee: \$25.00
Received By: NS

RECEIVED

SEP 17 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)

ROBERT M AND JUANITA SAVAGE FAMILY TRUST
C/O ROBERT MICHAEL
PO BOX 1378
PRIEST RIVER ID 83856

Phone: (208) 290-6923

2. Date of Priority: 11/30/2004

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	8	SE SE		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
STOCKWATER	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:

120 HEAD OF CATTLE

9. Place of use:

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	8	SE		SE		

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:

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

Number of attachments: 2

For Organizations:

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

Trustee of Savage Family Trust
Title Organization

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

Trustee of Savage Family Trust
Title Organization

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

Signature of Authorized Agent Robert Michael Savage Date 9-17-21

Title and Organization Trustee - Ben Savage Family Trust



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTOnce Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : : 1. WELL TAG NO. D CO 39 719
DRILLING PERMIT NO. 526331
Water Right or Injection Well No. _____2. OWNER:
Name Juanita Savage
Address P.O. Box 1349
City Priest River State ID Zip 83856

3. LOCATION OF WELL by legal description:

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

Twp. 57 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 8 1/4 NW 1/4 NW 1/4
Gov't Lot _____
County BonnevilleLat: : : Long: : :
Address of Well Site East Side 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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	300/lbs	Feimp Casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 350'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	350	250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

75 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
10	25'	100'	1 hr

Water Temp. Cold Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 100'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	18	Silt, clay		☒
6	18	60	Silt, clay		☒
6	60	100	clay		☒
6	100	150	Silt + clay		☒
6	150	200	Silt + clay		☒
6	200	320	Silt + clay		☒
6	320	340	Silt + clay		☒
6	340	350	Silt + clay		☒
	350	352	Gravel		☒

RECEIVED

FEB 07 2005

IDWR/North

RECEIVED

Completed Depth 352' (Measurable)Date: Started 11/23/04 Completed 11/30/04

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 CAC Pitts & Sons Firm No. 168Principal Driller Steve Pitts Date 12/28/04and Driller or Operator II Joe O'Chert Date _____

Operator I _____ Date _____

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

57N 4W 8