

**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
RECEIVED**

CIVIL CASE NUMBER: 69576

Claim ID: _____
Date Received: 9-22-21
Receipt No: N037466
Claim Fee: \$25.00 By: NS

SEP 22 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

Please type or print clearly

1. Name of claimant(s) Gary R Runkle and/or Barbara Runkle Phone (208) 818-7922
Mailing address 16371 N Radian Rd Rathdrum ID 83858
Street or Box City State Zip
Email address (optional) grrunk@outlook.com
2. Date of priority: (Only one per claim) 6/20/1992 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
4. Location of point of diversion is: Township 59N, Range 04W, Section 2,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP59N04W025401A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
5. 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 supplying cabin.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For _____ Domestic _____ purposes from 1/1 to 12/31 amount .02 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed .02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 cabin

9. Location of place of use is: Township 59N, Range 04W, Section 2,
NW 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. RP59N04W025401A
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):
This is when the well was completed, see well driller report. Cabin put on soon after.

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: _____

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)  Date: 9-22-21

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

_____ 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 _____

1. WELL OWNER
Name Ralph Gillet
Address Box 81 Colin Id. 8321
Drilling Permit No. 97-92-N-11
Water Right Permit No. _____

2. NATURE OF WORK
☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED
☐ Rotary ☐ Air ☐ Auger ☐ Reverse rotary
☒ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION
Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☒ Yes ☐ No
Manufacturer Johnson Type Telescope
Top Packer or Headpipe _____
Bottom of Tailpipe _____
Diameter 6 Slot size 25 Set from 80 feet to 85 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☒ Temp. surface casing ☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☐ Welded
☐ Solvent Weld ☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL
Sketch map location must agree with written location.
Subdivision Name _____
Lot No. _____ Block No. _____
County Bonner
Address of Well Site _____
(give at least name of road)
T. 39 N. ☒ or S. ☐
R. 4 E. ☐ or W. ☒
NW 1/4 SW 1/4 Sec. 2

7. WATER LEVEL
Static water level 3 feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA
☐ Pump ☒ Bailer ☐ Air ☐ Other _____
Discharge G.P.M. 7+ Pumping Level 60 Hours Pumped 3

9. LITHOLOGIC LOG 081984
Bore Diam. Depth Material Water
6 0 20 Black Soil-Pete ✓
20 35 Gray Silt + Sand ✓
35 46 Clay + Silt ✓
46 57 Clay + Sand ✓
57 59 Clay ✓
59 70 Sand + Silt ✓
70 77 Silt + Sand ✓
77 85 Sand ✓

10. Work started June 16 1992 finished June 20 1992

11. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name Carl Pitts Firm No. 168
Address RT 2 Oldtown Id. 62492
Signed by Drilling Supervisor Carl Pitts
and Terry Joe Robert
(Operator) (If different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT