

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

Claim ID: 97-7844

Date Received: 10/01/2021

Receipt No: N037558

Claim Fee: \$25.00 By: CJA

RECEIVED NOTICE OF CLAIM TO A WATER RIGHT

OCT 01 2021

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) Gary and/or Pamela Matthews Phone (509) 823-0277
 Mailing address 195 Miss Kitty Ln Priest River ID 83856
Street or Box City State
 Email address (optional) _____
2. Date of priority: (Only one per claim) 11/21/2018 (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 57N, Range 04W, Section 30,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Bonner;
 Parcel no. RP042080000030A
 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 domestic use.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.01</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed .01 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 domestic use

9. Location of place of use is: Township 57N, Range 04W, Section 30,
NE 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.

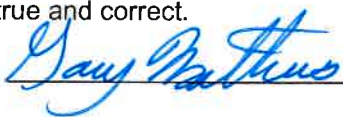
12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):
This is when the well was completed. Well currently supplies motorhome which is there until home is completed.

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: 1

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: 10-1-21

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 _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0079231

Drilling Permit No. 888210

Water right or injection well # _____

2. OWNER: Gary Mathews

Name _____

Address 195 Miss Kitty Lane

City Priest River State ID Zip 83856

3. WELL LOCATION:

Twp. 57N North ☒ or South ☐ Rge. 04W East ☐ or West ☒

Sec. 30 1/4 NW 1/4 SE 1/4

Gov't Lot _____ County Bonner

Lat. 48 15.414 (Deg. and Decimal minutes)

Long. 116 52.621 (Deg. and Decimal minutes)

Address of Well Site 195 Miss Kitty Lane

City Priest River

(Name of local name of road + distance to Road or Landmark)

Lot. 3 Blk. _____ Sub. Name Festus Hills

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 ³)	Placement method/procedure
Bentonite	0	38	1050 lbs.	Dry Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	260	.250	Steel	☒	☐	☐	☒
4"	-15	470	40	PVC	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skilsaw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
450	470	1/4	20'	4"	PVC	Sch. 40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
-----------------	-----------	---------	------------------------------------	------------------

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) 360 Static water level (ft) 260

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port welded steel cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	1/4	60

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

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	5	Top Soil		X
10	5	10	Sand		X
10	10	40	Brown Clay		X
8	40	80	Brown Clay		X
8	80	100	Cemented Gravel & Blue Clay		X
8	100	230	Gravel, Sand & Blue Clay		X
8	230	250	Decomposed Granite		X
8	250	260	Salt & Pepper Granite		X
5	260	400	Green, Salt & Pepper Granite	X	
5	400	410	Salt & Pepper w/Green Granite		X
5	410	505	Green & White Hard Granite		X

RECEIVED

FEB 08 2018

IDWR / NORTH

Completed Depth (Measurable): 505'

Date Started: Nov 13, 2018

Date Completed: Nov 21, 2018

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 H2O Well Service Inc. Co. No. 448

*Principal Driller Tom Ruhl Date 12-17-18

*Driller _____ Date _____

*Operator II Jim Date 12/17/18

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.