

RECEIVED

OCT 21 2021
DEPARTMENT OF
WATER RESOURCESIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Claim ID: 95-18172

Date Received: _____

Receipt No: _____

Claim Fee: \$25.00 By: _____

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

- Name of claimant(s) DAVID AND/OR AMY FORTIN Phone (208) 446-9157
Mailing address 8702 E SCOUT TRAIL RD ATHOL ID 83801
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 2/15/2008 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 53, Range 03W, Section 11,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 006550010120
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 home.
- 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 .04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home

9. Location of place of use is: Township 53N, Range 03W, Section 11,
NE 1/4 of SW 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? Kootenai

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. Home built 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 Coeur d'Alene-Spokane 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) Daniel P. Zurek Date: 10/15/2021

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 _____

WELL DRILLER'S REPORT

Location Corrected by IDWR To:
T53N R03W Sec. 11 SENESW
By: mciscell 2013-10-18

1. WELL TAG NO. D0054432

Drilling Permit No:
Other IDWR No.

850687



2. OWNER

Name WHEELER, JOHN

Address P.O. BOX 454

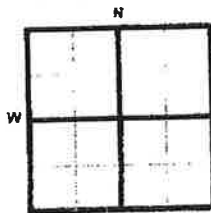
City ATHOL

State ID Zip 83801

Well Number:
1397

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 53N

Rge. 03W

Sec. 11

☒ North or ☐ South

☐ East or ☒ West

1/4 NW 1/4 SE 1/4

Gov't Lot

County KOOTENAI

Latitude:

Longitude:

Address of Well Site Scout Trl & Red Fir Rd.

City ATHOL

(Give at least name of road + Distance to Road or Landmark)

Lt. 12

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/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	350 LBS	OVERBORE

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

Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	461	.250	STEEL	☒	☐	☐	☒

Length of Headpipe

Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method DTH PERFORATOR
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
451	461	1/8 X 1	60	6	STEEL	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

397 ft. below ground Artesian pressure lb.

Depth flow encountered 397 ft. Describe access port or control devices:

11. WELL TESTS:

Pump	Bailer	☒ Air	Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
20+			1 1/2 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLOUDY

Depth first Water encountered 397

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore	From	To	Remarks: Lithology, Water Quality, Temperature	Water
8	0	3	Top Soil	☒
8	3	141	Sand & Gravels	☒
8	141	220	Sand, Gravels & Cobbles	☒
8	220	308	Sand & Gravels	☒
8	308	360	Sand & Gravels w/ Clay	☒
8	360	397	Sand & Gravels	☒
8	397	461	Sand & Gravels	☒

RECEIVED

FEB 26 2008

IDWR/North

Completed Depth 461 (Measurable)
Date: Started 2/13/2008 Completed 2/15/2008

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService Inc. Firm No. 448
Firm Official *[Signature]* Date 2-19-08
and
Supervisor or Operator *[Signature]* Date 2/15/2008
TODD MORGAN (Sign Once if Firm Official and Operator)

53N 3W 11