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OCT 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: 97-7931

Date Received: 10/15/2021

Receipt No: N37673

Claim Fee: 25.00

Received By: T.A.

**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)

FREDERICK T BLESSING JR
PO BOX 1043
PRIEST RIVER ID 83856

Phone: (208) 661-1698

AND/OR

DUANE COOK
PO BOX 1043
PRIEST RIVER ID 83856

Phone: (509) 991-8623

AND/OR

SCOTT COOK
PO BOX 1043
PRIEST RIVER ID 83856

Phone:

AND/OR

GINGER COOK
PO BOX 1043
PRIEST RIVER ID 83856

Phone:

2. Date of Priority: 6/3/2009

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
57N	04W	32	NE SW	7	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	04/01	12/01	0.03		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Camp site

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	32	NE		SW	7	

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:

SEE WELL TAG NO. D0056218

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: 2

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: 10/15/2021
_____ Date: _____

↑ N



97-7931

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat: : :	Long: : :		

1. WELL TAG NO. D0056218

Drilling Permit No: 856563
Other IDWR No. _____

2. OWNER

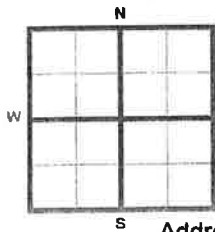
Name BLESSING, FRED Well Number: 1481

Address P.O. BOX 1043

City PRIEST RIVER State ID Zip 83856

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 57N ☒ North or ☐ South
Rge. 04W ☐ East or ☒ West
Sec. 32 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County BONNER

Latitude: N48:14:563 Longitude: W116:51:926

Address of Well Site Off Gunsmoke Road
City PRIEST RIVER

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

Lt. _____ Blk. _____ Sub. Name LECLAIR SUBDIVI

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	550 LBS	DRY POUR

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	+2	114	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Screen Type STAINLESS STEEL

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
115	120	12	1	6	SS	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

45 ft. below ground Artesian pressure _____ lb.
Depth flow encountere 100 ft. Describe access port or
control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8 - 10	100	120	1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLOUDY

Depth first Water encountered 25

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Remarks: Lithology, Water Quality, Temperature				Water	
				Y	N
10	0	8	Limey Soil w/ Gravel	☐	☒
10	8	10	Boulder	☐	☒
10	10	12	Limey Soil w/ Gravels	☐	☒
10	12	18	Blue Silt w/Clay Seams	☐	☒
8	18	28	Blue Silt w/Clay Seams Wet	☒	☐
8	28	86	Cemented Sand & Gravels	☐	☒
8	86	102	Fine Sand Wet	☒	☐
8	102	120	Sands w/ Small Gravels 10ppm apx	☒	☐

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JUL 06 2009

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Completed Depth 120 (Measurable)
Date: Started 6/2/2009 Completed 6/3/2009

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 6-11-09

and Supervisor or Operator [Signature] Date 6/8/2009

LOUIE HANNER (Sign Once if Firm Official and Operator)

57N 04W 32