

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: 97-7953

Date Received: 10-12-2021

Receipt No: N037648

Claim Fee: 25.00 By: SL

RECEIVED

OCT 12 2021

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Stuart and Patricia Wagner Phone (208) 443-3848
 Mailing address P.O. Box 8 Coolin ID Zip 83821
Street or Box City State
 Email address (optional) p.wagner12@frontier.com
2. Date of priority: (Only one per claim) October 08, 1993 (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. a. Location of point of diversion is: Township 59N, Range 4W, Section 3,
NW 1/4 of SE 1/4, Govt. Lot _____, BM, County of Bonner
 Parcel no. RP59N04W037991A
 Additional points of diversion, if any: _____
 If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
 Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
 Govt. Lot _____, BM, County of _____
 Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
 Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
Domestic Well - work started 09/30/1993 and finished 10/08/1993. Depth of well 104 feet. Bore diameter 6.
Static water lever 74 feet.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic Use purposes from 01-01 to 12-31 amount .04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) Domestic - one household served

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
59N	4W	3														D			

Parcel no(s) RP59N04W037991A Total number of acres irrigated _____

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 your 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):

Priority date is the date the well was completed - See enclosed Well Driller's Report dated 10/08/1993.

Documents submitted: Well Driller's Report, Application for Drilling Permit, Aerial Photograph with well location.

Name of claimant(s) Stuart and Patricia Wagner Claim ID _____

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: 3

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) Stuart Wagner Date: 10/08/2021
Patricia Wagner Date: 10/08/2021

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 on behalf of 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) Stuart and Patricia Wagner Claim ID _____



Approximate
Well location

Approximate
property line

WELL DRILLER: PLEASE COMPLETE FOR VERBALS

IDWR Employee Issuing Verbal: _____

Verbal Issued Date: _____ Time: _____

State of Idaho
Department of Water Resources**APPLICATION FOR DRILLING PERMIT**

1. Applicant (please print): Stuart + Patricia Wagner
2. Mailing Address: N. 4804 Isenhart
City & State Spokane, WA. Zip Code 99216 Telephone (509) 928-1682
☒ Well Owner ☐ Well Operator ☐ Contractor or Other, specify _____
3. Proposed Well Location: Twp. 59 N, Rge. 4 W, Sec. 3, S1/2 NW1/4 SE 1/4
Gov't Lot No. _____ County Bonner
Street Address of Well Site _____
Lot, block and subdivision _____

4. Proposed Use of Well:

- ☒ DOMESTIC: The use of water for homes, organization camps, public campgrounds, livestock (1,000 head or less) and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial
☐ Stock ☐ Test ☐ Other _____
(Over 1,000 Head) (Describe)

☐ INJECTION

☐ MONITORING: A well bore schematic and map is required for each blanket permit.
No. of proposed wells: _____

5. Well Construction Information:

- A. ☒ New well ☐ Modify (Deepen or Enlarge) ☐ Replace - See Condition 9
- B. Proposed Casing Diameter 6 Proposed Maximum Depth 150
- C. Anticipated bottom hole temperature:
☒ 85°F or less (Cold Water Well) ☐ 85°F to 212°F (Low Temp. Geo. Well) ☐ 212°F or more (Geothermal Well)

6. Construction Start Date: 9/22/93

7. Anticipated Well Driller: Philip Wood WOODWELL DRILLING 11.21303 NEWPORT HAY
NOTE: The actual well driller must be identified prior to drilling. CILBERT, WA

8. Applicant's Signature Stuart Wagner Date 9-14-93

Title Owner
(Owner, Firm Representative, Other)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is Approved

Date Sept 17, 1993

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY!

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well.
4. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
5. Approval of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
9. If this permit is for a replacement well, the well being replaced must be abandoned in accordance with Department Rules and Regulations.

SPECIFIC CONDITIONS:

Robert Thomas
Signature of Authorized Department Representative

Regional Manager
Title

Receipt No. 116980 Received by [Signature] Fee \$500 Date 9/16/93

EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

This extension expires: _____

RECEIPT
For Monies Paid
to the
Idaho Department of Water Resource

Receipt No: W006980

Date: 9/16/1993
Time: 13:40:54

Received

From: WAGNER, PATRICIA D.

Type of Payment	Program A cct	Amount
1 W/D PERMIT - STUART WAGNER 65115	229 21 1205	35.00
Total		35.00
CHECK	4220	

Region: NORTHERN

Signature: 

1. WELL OWNER		7. WATER LEVEL	
Name <u>STUART WAGNER</u>		Static water level <u>94</u> feet below land surface.	
Address <u>N. 4804 ISENHART SPORNE, WA.</u>		Flowing? ☐ Yes ☒ No G.P.M. flow _____	
Drilling Permit No. <u>97-93-N-62</u>		Artesian closed-in pressure _____ p.s.i.	
Water Right Permit No. _____		Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.	
2. NATURE OF WORK		8. WELL TEST DATA	
☒ New well ☐ Deepened ☐ Replacement		☐ Pump ☒ Bailer ☐ Air ☐ Other _____	
☐ Well diameter increase ☐ Modification			
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)		Discharge G.P.M. <u>8-9</u>	Pumping Level <u>88</u>
			Hours Pumped
3. PROPOSED USE		9. LITHOLOGIC LOG	
☒ 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 <u>.250</u> inches	Diameter <u>6</u> inches + <u>1</u> foot To <u>90</u> 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 _____			