

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: 97-7974Date Received: 10-18-2021Receipt No: N0.37688Claim Fee: 25.00 By: SL

RECEIVED

OCT 18 2021

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) ERNEST G. SCHOEFFEL / HELEN J. SCHOEFFEL Phone (208) 448-0809
 Mailing address 761 E. SPRENT RD. PRIEST RIVER IDAHO Zip 83856
Street or Box City State
 Email address (optional) _____
2. Date of priority: (Only one per claim) 8/20/78 (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 56N, Range 04W, Section 19,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of BONNER;
 *Parcel no. RP 56N 04W 19 84 50 A
 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, PUMP, PIPELINE 1 1/2 H.P.
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>0.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed 0.04 cfs (☒) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 HOME WITH LAWN & GARDEN

9. Location of place of use is: Township 56N, Range 04W, Section 19,
SW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. _____
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):

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) Ernest G. Schoeffel Date: 10/14/21
Helen J. Schoeffel Date: 10/14/21

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 _____

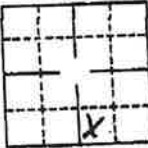
Name of claimant(s) _____ Claim ID _____

USE TYPEWRITER OR
BALLPOINT PEN

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT



State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>ZANE BONER</u> Address <u>Box 278 Priest River Ida</u> Owner's Permit No. <u>97-78-N-26</u>		7. WATER LEVEL Static water level <u>40</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Temperature _____ °F. Quality <u>good</u> Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug																																																																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>air</u> Discharge G.P.M. <u>3-5 gpm</u> Drawdown _____ Hours Pumped _____																																																																													
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>2</td><td>top soil</td><td></td><td>X</td></tr><tr><td></td><td>2</td><td>30</td><td>sand & gravel</td><td></td><td>X</td></tr><tr><td></td><td>30</td><td>38</td><td>Brown sandy clay</td><td></td><td>X</td></tr><tr><td></td><td>38</td><td>160</td><td>gray sandy clay</td><td></td><td>X</td></tr><tr><td></td><td>160</td><td>175</td><td>quartz sand</td><td>X</td><td></td></tr><tr><td></td><td>175</td><td>180</td><td>gray sandy clay</td><td></td><td>X</td></tr><tr><td></td><td>180</td><td>200</td><td>broken rock & clay</td><td></td><td>X</td></tr><tr><td></td><td>200</td><td>222</td><td>gray sandy clay</td><td></td><td>X</td></tr><tr><td></td><td>222</td><td>227</td><td>quartz sand</td><td>X</td><td></td></tr><tr><td></td><td>227</td><td>350</td><td>granite formation</td><td>X</td><td></td></tr><tr><td colspan="6" style="text-align: center;">101829</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	6	0	2	top soil		X		2	30	sand & gravel		X		30	38	Brown sandy clay		X		38	160	gray sandy clay		X		160	175	quartz sand	X			175	180	gray sandy clay		X		180	200	broken rock & clay		X		200	222	gray sandy clay		X		222	227	quartz sand	X			227	350	granite formation	X		101829					
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																																															
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>350</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet <u>2.50</u> inches <u>6</u> inches <u>2</u> feet <u>227</u> feet _____ inches _____ inches _____ feet _____ 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 Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout <u>Portland</u> ☒ Pudding clay ☐ Well cuttings Sealing procedure used: ☐ Slurry pit ☐ Temporary surface casing ☒ Overbore to seal depth																																																																															
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>Bonner</u> <u>SW</u> <u>SE</u> <u>NE</u> Sec. <u>29</u> T. <u>56</u> S. R. <u>4</u> E. <u>W</u> Subdivision Name _____ Lot No. _____ Block No. _____		10. Work started <u>8-8-78</u> finished <u>8-15-78</u>																																																																													
		11. DRILLERS CERTIFICATION <u>Intermountain Development</u> Firm Name <u>+ Drilling</u> Firm No. <u>252</u> Address <u>Box 312 Priest River Ida</u> Date <u>8-30-78</u> Signed by (Firm Official) <u>Norman D. Hays</u> and _____ (Operator) <u>Norman D. Hays</u>																																																																													

FORWARD THE WHITE COPY TO THE DEPARTMENT

7/6/2015

DEPT. OF H₂O RESOURCES
COA-208-762-2800

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FORM 210-7
400STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER <u>For New!!! Priest River</u> (new Owner Ernie Schoeffel) Name <u>Zane Boncz</u> Address <u>Box 273 Priest River Id</u> Drilling Permit No. <u>97-78-W-26-001</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>129</u> 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 <u>Good</u> Describe artesian or temperature zones below																													
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 8.)		8. WELL TEST DATA ☐ Pump ☐ Sailer ☐ Air ☐ Other _____ <table border="1"> <thead> <tr> <th>Stroke G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td>4-6</td> <td></td> <td></td> </tr> <tr> <td>(3-1-88) 1-1.5</td> <td></td> <td></td> </tr> </tbody> </table>		Stroke G.P.M.	Pumping Level	Hours Pumped	4-6			(3-1-88) 1-1.5																					
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)		10. DRILLER'S CERTIFICATION We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>WATER RESOURCES</u> Firm No. <u>0252</u> <u>WILLIAM</u> Date _____ Address _____ Signed by Drilling Supervisor _____ and _____ (Operator) <u>(if different than the Drilling Supervisor)</u>																													
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USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

