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DEPT. OF WATER RESOURCES

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 COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Claim ID: 95-18179

Date Received: _____

Receipt No: _____

Claim Fee: 125.00 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) Joanne and/or Mark Fletcher Phone (208) 306-2611
Mailing address 115 Jenks Rd Spirit Lake ID 83869
Street or Box City State
Email address (optional) hoofmelody@aol.com
- Date of priority: (Only one per claim) 4/01/2017 (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 54N, Range 04W, Section 8,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP54N04W085700A
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 Stockwater purposes from 1/1 to 12/31 amount .02 cfs (✓) or AFY ()
- 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 54N, Range 04W, Section 8,
NW 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? 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.
First well supplying additional dwelling unit. or None ()

13. Remarks (include an explanation of the priority date selected):
Well completion date. Beneficial use began.

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: 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: 10.27.21

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

Agent's title (Please print) _____ of _____
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 0073368

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Mark Fletcher

Name Mark Fletcher

Address 12748 S. Wildcat Rd.

City Molalla State OR Zip 97038-8802

3. WELL LOCATION:

Twp. 54 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 8 10 acres 1/4 40 acres 1/4 160 acres 1/4

Gov't Lot _____ County Bonner

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site Rocky Mountain Ranch Rd./ Jenks Rd.

City Spirit Lake

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

Lot. _____ Blk. _____ Sub. Name _____

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'	20 bags	Poured Dry

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
10"	+2'	38'	.250	Temp Casing	☒	☐	☐	☐
6"	+4'	215'	.250	Steel	☒	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring Bit 220'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type Alloy

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
215'	220'	20	5'	6"	S.S.	304

Length of Headpipe 5' Length of Tailpipe _____

Packer ☒ Y ☐ N Type K-Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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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) 175' Static water level (ft) 175'

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

Describe access port Bolt on water well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
100%	10-15 gpm	1hr

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'	8'	Topsoil w/ Gravel		X
10"	8'	38'	Sand & Gravel 3/4 minus		X
6"	38'	117'	Gravels w/ Clayish soils		X
6"	117'	155'	Sand & Gravels w/ Cobbles		X
6"	155'	180'	Clayish Soils w/ Gravels w/ water	X	
6"	180'	210'	Sand & Gravels w/ Water Fine		
			Clayish Sands	X	
6"	210'	220'	Clean Sand & Gravels	X	

Completed Depth (Measurable): 220'

Date Started: 03/21/2017

Date Completed: 03/31/2017

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 Carl Pitts & Sons Well Drilling Co. No. 168

*Principal Driller _____ Date 04/01/2017

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date 04/01/2017

* Signature of Principal Driller and rig operator are required.

Well and Home Location

