

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: 97-8067

Date Received: 11-9-21

Receipt No: N837807

Claim Fee: \$25.00 By: NJ

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NOV 09 2021

IDWR/NORTH

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

1. Name of claimant(s) BRUCE COLE Phone (425) 923-4372

Mailing address PO BOX 2025 PRIEST RIVER ID 83856
Street or Box City State Zip

Email address (optional) brucecole51@hotmail.com

2. Date of priority: (Only one per claim) 8/30/2019 (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 30,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of BONNER;

Parcel no. RP56N04W300160A

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 WITH PIPELINE TO HOME

6. 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 0.02 cfs (☒) or AFY (☐)
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.02 cfs (☒) or AFY (☐)

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 56N, Range 04W, Section 30,
NE 1/4 of NE 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.

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

~~DATE WELL COMPLETED AND WATER PUT TO BENEFICIAL USE~~ _____

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: 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) Bruce J. Cole Date: 11/9/21

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 0079834

Drilling Permit No. 8911010

Water right or Injection well # _____

2. OWNER:

Name BRUCE T. COLE

Address PO BOX 2025

City PRESTON RIVER State ID Zip 83856

3. WELL LOCATION:

Twp. 56 North ☒ or South ☐ Rge. 4 East ☐ or West ☒

Sec. 30 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County BONNETT

Lat. 48 ° 10.758 (Deg. and Decimal minutes)

Long. -116 ° 52.518 (Deg. and Decimal minutes)

Address of Well Site NEW GRASS ROAD AT APPROX 1100

E. SETTLEMENT RD. City PRESTON RIVER

Lot. 2 Blk. _____ Sub. Name SETTLEMENT

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 h ³)	Placement method/procedure
<u>CEMENT</u>	<u>0</u>	<u>38</u>	<u>1150</u>	<u>TEMP. CASING</u>
<u>CHP</u>				<u>DRY POUR</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
<u>6</u>	<u>12</u>	<u>224</u>	<u>.250"</u>	<u>STEEL</u>	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 224

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type STAINLESS STEEL

Method of installation SET ON BOTTOM, PULLED CASING & BACK

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>221</u>	<u>226</u>	<u>.010"</u>		<u>5</u>	<u>STAINLESS</u>	<u>.250"</u>
<u>226</u>	<u>231</u>	<u>.012"</u>		<u>5</u>	<u>STAINLESS</u>	<u>.250"</u>

Length of Headpipe Ø Length of Tailpipe Ø

Packer ☒ Y ☐ N Type K

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or h ³)	Placement method

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) 85 Static water level (ft) 100

Water temp. (°F) COLD Bottom hole temp. (°F) COLD

Describe access port BOLT ON CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>231</u>	<u>7</u>	<u>180</u>

Test method:

Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: GOOD

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
<u>12</u>	<u>0</u>	<u>1</u>	<u>TOP SOIL & ROOTS</u>		☒
	<u>1</u>	<u>29</u>	<u>SAND, CLAY, GRAVEL</u>		☒
	<u>29</u>	<u>38</u>	<u>CLEAN SAND</u>		☒
<u>8</u>	<u>38</u>	<u>85</u>	<u>" "</u>		☒
	<u>85</u>	<u>218</u>	<u>WET SILTY CLAY</u>	☒	
	<u>218</u>	<u>221</u>	<u>HARDENED CLAY</u>		☒
	<u>221</u>	<u>229</u>	<u>SAND, GRAVEL, WATER</u>	☒	
	<u>229</u>	<u>231</u>	<u>SILTY CLAY & GRAVEL</u>		☒

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SEP 16 2019

208-263-5974

IDWR / NORTH

Mark Pitts

Robin Pitts

Serving
North Idaho
Over 20 Years

AAA
**SWEETWATER
DRILLING**



DRILLING • PUMPS • WATER TREATMENT
Complete Systems • From the Well To The House

435 Woodview Rd. • Sandpoint, ID 83864

Completed Depth (Measurable): 231

Date Started: 8/28/19 Date Completed: 8/30/19

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 AAA SWEETWATER DRILLING Co. No. 509

*Principal Driller Mark Pitts Date 9-13-19

*Driller [Signature] Date 9/10/19

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

PARCEL LOCATION FOR CFPRBA CLAIM

2019 AERIAL PHOTO

