

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: 97-8123Date Received: 12/04/2021Receipt No: N037915Claim Fee: \$35.00 By: JD

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DEC 01 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) Bauer Family LLC Phone (208) 263-9023
 Mailing address 15417 N Custer Ln Mead WA Zip 99021
Street or Box City State
 Email address (optional) c-mbauer@nctv.com
2. Date of priority: (Only one per claim) 1900 (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 59N, Range 04W, Section 10,
SW 1/4 of NW 1/4, or Govt. Lot 2 BM, County of Bonner;
 Parcel no. RP00072002004CA
 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 supplying home.
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>.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed .04 cfs (✓) or AFY ()
8. 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 59N, Range 04W, Section 10,
SW 1/4 of NW 1/4, Govt. Lot 2 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.
Lake water supplying lawn, see other claim. or None ()

13. Remarks (include an explanation of the priority date selected):
Original hand dug well dated back to late 1800's early 1900's. It was replaced with new well in 2010, see Well Driller's Report.

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: 1

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: _____
_____ 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 _____ of Bauer Family LLC,
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 Charles Bauer Date Dec 1, 2021

Printed Name of Authorized Agent Charles Bauer

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

Location Corrected by IDWR To:
T59N R04W Sec. 10 NWSWNW
By: mciscell 2013-10-16

1. WELL TAG NO. D0058195

Drilling Permit No. 559461

Water right or injection well # _____

2. OWNER: CHUCK BAUER

Name CHUCK BAUER

Address 2104 Winchester Way

City Sandpoint State ID Zip 83864

3. WELL LOCATION:

Twp. 59 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 10 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County Bonner

Lat. 48 ° 28 ' 878 (Deg. and Decimal minutes)

Long. 116 ° 50 ' 878 (Deg. and Decimal minutes)

Address of Well Site 438 Bayshore Blvd

City Clarin

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
<u>Portland</u>	<u>0</u>	<u>15</u>	<u>450 lbs</u>	<u>Temp casing</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6 1/2</u>	<u>45</u>	<u>250</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 45'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type Johnson 30

Method of installation Roll Back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>45</u>	<u>50</u>	<u>20</u>	<u>5'</u>	<u>6</u>	<u>SS Steel</u>	<u>250</u>

Length of Headpipe _____ 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

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

59N 04W 10

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 3' Static water level (ft) 1'

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

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>12'</u>	<u>8.6 gpm</u>	<u>1 Hr</u>

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
<u>10</u>	<u>0</u>	<u>1</u>	<u>TOP SOIL</u>		☒
<u>10</u>	<u>1</u>	<u>3</u>	<u>SAND & GRAVEL</u>		☒
<u>10</u>	<u>3</u>	<u>22</u>	<u>SAND & SMALL GRAVEL</u>	☒	☒
<u>6</u>	<u>22</u>	<u>43</u>	<u>fine SAND light brown</u>	☒	
<u>6</u>	<u>43</u>	<u>46</u>	<u>SAND 20-25 TAN</u>	☒	
<u>6</u>	<u>46</u>	<u>50</u>	<u>SAND 25-30 TAN</u>	☒	
<u>6</u>	<u>50</u>	<u>51</u>	<u>Clay</u>		☒

RECEIVED

AUG 11 2010

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SEP 20 2010

IDWR/NORTH

Completed Depth (Measurable): 50'

Date Started: 7/13/10

Date Completed: 7/15/10

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 Cornel Potts & Sons Co. No. 148

*Principal Driller Steve Potts Date 7/19/10

*Driller _____ Date _____

*Operator II John Potts Date 7/19/10

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.