

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: 97-8138Date Received: 12-6-2021Receipt No: 10379.39Claim Fee: 25.00 By: DL

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DEC 06 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) Roger³ & Carrie Matheson Phone (208) 819-4737
 Mailing address 3951 Gleason McAbee Falls Rd, Priest River Zip 83856
Street or Box City State
 Email address (optional) doandhope@gmail.com

2. Date of priority: (Only one per claim) 02/16/1993 (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. Location of point of diversion is: Township 58 N, Range 04 W, Section 7
SW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Bonner;
 Parcel no. RP58N04W071680A

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

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For <u>domestic</u>	purposes from	Month/Day <u>1/1</u>	to	Month/Day <u>12/31</u>	amount	cfs ☒ or AFY () <u>0.04</u>
For <u>stock</u>	purposes from	Month/Day <u>1/1</u>	to	Month/Day <u>12/31</u>	amount	<u>0.02</u>

7. Total quantity claimed 0.06 cfs ☒ or AFY ()

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

one home, lawn, 15 fowl

9. Location of place of use is: Township 58N, Range 04W, Section 7,
SW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) Domestic () Stock () Domestic and Stock (X)

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 (X) 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 (X)

13. Remarks (include an explanation of the priority date selected):
home built in 1997

14. Basis of claim (check one) Beneficial Use (X) 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 (X) 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) [Signature] Date: 12-2-2021
[Signature] Date: 12-2-2021

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 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 _____



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.

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1. WELL OWNER

Name Denise Graves
Address RL 5 Box 103AA Priest River ID 83856
Drilling Permit No. 97-93-1-3-000
Water Right Permit No. _____

7. WATER LEVEL

Static water level 15 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 50 °F. Quality Clear
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>1.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</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 340

How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun

Size of perforation 1/8 inches by 10 inches

Number	From	To
<u>100</u> perforations	<u>295</u> feet	<u>355</u> 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 19 Material used in seal: ☐ Cement grout
☒ Bentonite ☒ Puddling clay ☐ _____

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent
Weld

☐ Cemented between strata

Describe access port _____

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other

Discharge G.P.M.	Pumping Level	Hours Pumped
	375	1

9. LITHOLOGIC LOG

~~104508~~

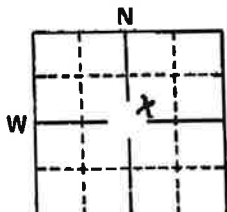
Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	7	Sand & Gravel		X
8 1/4	7	60	Decomposed Granite		X
	60	90	Granite - SLP - soft		X
	90	94	Granite - SLP - fine	X	
	94	170	Granite SLP - med		X
	170	172	Granite SLP - fine	X	
	172	310	Granite SLP - med		X
	310	315	Granite SLP - fine	X	
	315	325	Granite - SLP - HARD		X

10.

Work started 2-14-93 finished 2-16-93

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name

Lot No. _____ Block No. 1993

County Boone

SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 7, T. 58 N ☒ E ☐
S ☐ R. 4 W ☐

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Intermark, Inc. Firm No. 513

Address Prest River To Date 5-17-93

Signed by (Firm Official) [Signature]

and
(Operator) *[Signature]*