

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: 97-8164Date Received: 12-13-2021Receipt No: N038001Claim Fee: 25.00 By: JD

RECEIVED

DEC 13 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

- Name of claimant(s) MANUEL & JACIN WAIRS Phone (208) 304 4599
Mailing address PO Box 1044 Newport WA Zip 99156
Street or Box City State
Email address (optional) —
- Date of priority: (Only one per claim) MAY 17, 2018 (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 56 N, Range 6 W, Section 12,
NW 1/4 of SE 1/4, or Govt. Lot — BM, County of BONNER;
Parcel no. RP56N06W127804A
Additional points of diversion, if any: N/A
If available, GPS coordinates: N/A
- 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) 1 to 40 FT OF 6" STEEL CASING, 40 FT to 240 FT OF 4" PVC LINER.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from JAN. 1st to DEC. 31st amount 0.04 cfs ☒ or AFY ()
For — purposes from — to — amount —
- Total quantity claimed 0.04 cfs ☒ or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC (1) HOME

9. Location of place of use is: Township 56N, Range 6W, Section 12
NW 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 NA

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) Wm. J. Cyprian Date: 9-9-21
John M. Jones Date: 9-9-21

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 _____

Idaho Dept. of Water Resources

Write Tag Number Here

D0076616

Start Card Permit - Single Family Domestic Well Only

(Cold Water less than 85°F)

1. Property Owner (please print): Manny and Jacky Mairs

2. Current Mailing Address: PO Box 205

City: Black Diamond State: WA Zip Code: 98010 Telephone: (253) 202-6666

3. Proposed Well Location: Twp. 56N, Rge. 6W, Sec. 12, 1/4 NW, 1/4 SE, 1/4

Gov't Lot No. County Bonner Lat. 48°12.851 Long. 117°01.638

Street Address of Well Site 3927 Freeman Lake Rd City Oldtown

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

Lot, block and subdivision

4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes ☒ No ☐ By Health District: Yes ☐ No ☒5. Well Construction Information: A. ☒ New well ☐ Replace ☐ Deepen ☐ Modify

Previous well #: B. Proposed Casing Dia. 6" C. Proposed Maximum Depth: 600'

6. Construction Start Date: 5/11/2018 7. Well Drilling Co.: Horsley Drilling, Inc. Driller's Lic. No. 632

8. The Driller hereby accepts the terms and conditions of the Start Card Permit.

Principal Driller's Signature: Jack Horsley Date: 5/10/2018

9. The Well Owner affirms to have read this Start Card Permit, validates its accuracy and accepts the conditions.

Property Owner's Signature: Date:

CONDITIONS FOR USE OF START CARD:

1. This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right. Limited to irrigation of 1/2 acre lawn/garden and 13,000 gpd.
2. This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Mailing must take place no less than 72 hours prior to construction (Dept. address below), hand delivered, or faxed to the Dept. prior to commencing construction. The start construction date shall be no more than 10 days after the Department receives the permit. **An incomplete form will not be considered a valid permit to drill.**
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.
4. Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D. tag at the drilling site during construction.
5. This drilling permit does not authorize trespass on the land of another party.
6. This drilling permit does not constitute other local, county, state, or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85°F or greater is encountered, well construction shall cease and the well driller shall contact the Department immediately.
9. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 1-800-342-1585.
10. The stainless steel I. D. tag must be welded to the well casing by the driller upon completion of the well, and prior to removing the drill rig from the drill site and must remain permanently attached above ground level for the life of the well. The well tag shall be attached by welding at least 3 sides or using four (4) stainless steel, closed-end pop rivets.
11. A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Management Areas, or other Areas as Identified by the Department.
12. The possession of a well tag does not authorize construction of a well.
13. Any well being replaced by a new well shall be properly abandoned by the well driller prior to removing the drilling equipment unless otherwise authorized by the department.

Your Start Card Application and/or Tag purchase may be submitted to one of the following offices:**IDWR Western Region**2735 Airport Way
Boise, ID 83705-5082
Phone: (208) 334-2190 Fax: (208) 334-2348**IDWR Northern Region**7600 North Mineral Drive, STE 100
Coeur d'Alene, ID 83815
Phone: (208) 762-2800 Fax: (208) 762-2819**IDWR Eastern Region**900 North Skyline Drive STE A
Idaho Falls, ID 83402-1718
Phone: (208) 525-7161 Fax: (208) 525-7177**IDWR Southern Region**650 Addison Ave W, Ste 500
Twin Falls, ID 83301-5858
Phone: (208) 736-3033 Fax: (208) 736-3037