

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO
IN AND FOR THE COUNTY OF TWIN FALLS

RECEIVED
JAN 06 2022
DEPARTMENT OF
WATER RESOURCES

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

Ident. Number: 95-18238
Date Received: 12/16/2021
Receipt No:
Claim Fee: \$25.00
Received 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**

1. Name of Claimant(s)

DANIEL T MORGAN
1835 KELSO LAKE RD
ATHOL ID 83801

Phone: (208) 661-2430

AND/OR

DAWN R MORGAN
1835 KELSO LAKE RD
ATHOL ID 83801

Phone: (208) 661-2430

2. Date of Priority: 1/1/2021

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	03W	21	NW SW	4	BONNER	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.01		

7. Total Quantity Appropriated is:

0.01 C.F.S. and/or A.F.A.

8. Non-irrigation uses: DOMESTIC USE FOR 1 HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	03W	21	NE		SW	3	
54N	03W	21	NW		SW	4	

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

WHEN PUMP INSTALLED IN WELL AND WATER FIRST PUT TO BENEFICIAL USE.

13. Basis of Claim: Beneficial Use

14. Signature(s)

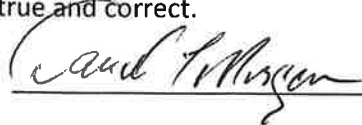
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 4

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: 12/16/2021

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0084878

Drilling Permit No. 8947710

Water right or injection well # _____

2. OWNER: Dan Morgan

Name _____

Address 1508 N 7th Street

City Coeur d'Alene State ID Zip 83814

3. WELL LOCATION:

Twp. 54 North ☒ or South ☐ Rge. 3 East ☐ or West ☒

Sec. 21 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County Bonner

Lat. 48 00.741 (Deg. and Decimal minutes)

Long. 116 42.878 (Deg. and Decimal minutes)

Address of Well Site 1835 Kelso Lk Rd

City Athol

Lot 3 Blk. _____ Sub. Name Morgans Meadows lot 3

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	+2	38	1000	Temp casing

8. CASING/LINER:

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

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method _____

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
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Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

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) 260 Static water level (ft) 260

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

Describe access port Weld on Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	1/2 Quart	60	☐	☐	☒	☐

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	1	Topsoil		X
10	1	38	Salt and Pepper Granite		X
6	38	163	Salt and Pepper Granite		X
6	163	205	Salt and Pepper with Green		X
6	205	280	Salt and Pepper	X	
			1/2 quart a minute		
6	280	425	Salt and pepper with Tan		X
6	425	452	Black granite		X
6	452	540	Salt and pepper granite		X
6	540	600	Salt and Pepper granite		X

RECEIVED

SEP 10 2020

IDWR/NORTH

Completed Depth (Measurable) 600'

Date Started: 7-6-2020

Date Completed: 7-8-2020

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 H2O Well Service

Cg. No. 448

*Principal Driller

Tom Richardson Date 8-1-2020

*Driller

*Operator II

Operator I

* Signature of Principal Driller and rig operator are required.



