

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: 97-8215
Date Received: 1/10/2022
Receipt No: N038132
Claim Fee: \$25.00 By: NJ

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Jan
~~DEC~~ 10 2022

IDWR/NORTH

Please type or print clearly

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) Robert and/or Cheryl Latozke Phone (208) 448-4972
Mailing address 540 Eastriver Rd Priest River ID 83856
Street or Box City State Zip
Email address (optional) rlatozke@yahoo.com
2. Date of priority: (Only one per claim) 8/06/2018 (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 57N, Range 04W, Section 18,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP57N04W181800A
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. D0076717
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 .04 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
Month/Day Month/Day
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 57N, Range 04W, Section 18,
SE 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):
This is when the well was completed. See well driller's report attached. This replaced the older shallow (<5') well at the river bank.

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) Robert A. Latyke Date: 1-10-22

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 D0076717
Drilling Permit No. 887071

Water right or injection well # _____

2. OWNER: Robert Latzke

Name Robert Latzke

Address 540 East River Road

City Prest River State Id Zip 83856

3. WELL LOCATION:

Twp. 57 North ☒ or South ☐ Rge. 04 East ☐ or West ☒
Sec. 18 1/4 SE 1/4 NE 1/4

Gov't Lot _____ County Bonner

Lat. 48° 17.519 (Deg and Decimal minutes)

Long. -116° 52.416 (Deg and Decimal minutes)

Address of Well Site 540 East River Road

City Prest River

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>Bentonite</u>	<u>0</u>	<u>38</u>	<u>218 lbs</u>	<u>pour</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6 5/8</u>	<u>-2</u>	<u>70</u>	<u>25</u>	<u>Steel</u>	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 70

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Johnson

Manufactured screen ☐ Y ☐ N Type _____

Method of installation Set

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>70</u>	<u>75</u>	<u>1/4</u>		<u>5 in</u>	<u>Stainless</u>	

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type k

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 well cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 50 Static water level (ft) 40

Water temp. (°F) 45 Bottom hole temp. (°F) 45

Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>20</u>	<u>15 gpm</u>	<u>1 Hour</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>10</u>	<u>0</u>	<u>38</u>	<u>Seal</u>		☒
<u>6</u>	<u>0</u>	<u>50</u>	<u>clay</u>	☒	
<u>6</u>	<u>50</u>	<u>60</u>	<u>fine sand</u>	☒	
<u>6</u>	<u>60</u>	<u>75</u>	<u>coarse sand</u>	☒	

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OCT 25 2018

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Completed Depth (Measurable): 75
Date Started: Aug 6-18 Date Completed: Aug 6-18

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 Universal Drilling Co. No. 650

*Principal Driller Scott H. Hill Date Sept 10-18

*Driller Austin H. Hill Date Sept 10-18

*Operator II Dylan H. Hill Date Sept 10-18

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.