

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: 97-8239Date Received: 1-13-22Receipt No: N038199Claim Fee: \$2500 By: ja**RECEIVED****JAN 13 2022****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) TARIN N AND/OR SPENCER D TURNBULL Phone (208) 946-1662
Mailing address PO BOX 1210 PRIEST RIVER ID 83856-1210
Street or Box City State Zip
Email address (optional) tarintheirish@gmail.com
- Date of priority: (Only one per claim) 2/4/2009 (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 56N, Range 05W, Section 11,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of BONNER;
Parcel no. RP56N05W119301A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 WITH 2" PIPELINE TO HOME AND GARDEN
- 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 0.02 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

Name of claimant(s) _____ Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0055419

Drilling Permit No. 853948

Water right or injection well # _____

2. OWNER

Name Tarin Kearns

Address 315 Aslin Court

City Sandpoint State ID Zip 83864

3. WELL LOCATION:

Twp. 58 North ☒ or South ☐ Rge. 5 East ☐ or West ☒

Sec. 11 1/4 SE 1/4 SE 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Bonner

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site

2368 Highway 57 City Priest River

(Give at least name of road or distance to Road or Landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ 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 SI	0	19'	2 sacks	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+1	19	.250	Steel	☒	☐	☐	☒
4"	15	425	.180	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 19'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skilsaw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation N/A

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
365'	425'	1/8"	100	4"	PVC	0.180

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☐ Y ☒ N Type N/A

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) N/A

Describe control device N/A

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 202' Static water level (ft) 95'

Water temp. (°F) 48

Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	<u>4</u>	<u>6()</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
8	0	10	Broken rock and clay	Y ☐ N ☒
8	10	19	Granite, S & P	Y ☐ N ☒
6	19	202	Granite S & P	Y ☐ N ☒
6	202	208	Broken rock - frac. @ 4 gpm	Y ☒ N ☐
6	208	425	Granite S & P	Y ☐ N ☒

RECEIVED

MAY 13 2009

IDWR/North

Completed Depth (Measurable)

425'

Date: Started 10-19-08

Completed 10-21-08

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 Intermountain Drilling

Co. No. 513

*Principal Driller

Date

*Driller

Date

*Operator II

Date

Operator I

Date

* Signature of Principal Driller and rig operator are required.

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