

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

RECEIVED
JAN 21 2022

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: 95-18246
Date Received: 1/18/2022
Receipt No:
Claim Fee: \$25⁰⁰
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)

ARTHUR HERNANDEZ
5810 MARIPOSA AVE
CITRUS HEIGHTS CA 95610

Phone: (916) 708-5237

AND/OR

CORENA L HERNANDEZ
5810 MARIPOSA AVE
CITRUS HEIGHTS CA 95610

Phone: (916) 208-5237

2. Date of Priority: 8/17/2020

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	05W	21	NW NE		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	0.04		

7. Total Quantity Appropriated is:

0.04 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	05W	21	NW		NE		

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:

DATE WELL COMPLETED 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: 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):



Date: 1/18/22

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0084873

Drilling Permit No. 845340
Water right or injection well # _____

2. OWNER:

Name Jeff Needs
Address 31899 Hwy 41
City Blanchard State ID Zip 83804

3. WELL LOCATION:

Typ: 54 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 21 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County Bonner
Lat. 48 ° 04.092 (Deg. and Decimal minutes)
Long. 116 ° 58.0488 (Deg. and Decimal minutes)

Address of Well Site NKA Premier Dr.
City Blanchard

Lot. 4 Blk. 1 Sub. Name Jordan S. Addition

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 Chips	0	18	450 lbs.	Temporary Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	200	.250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring @ 200'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
180	200	1/4x1	6	6"	Steel	.250

Length of Headpipe NA Length of Tailpipe NA

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

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) 128' Static water level (ft) 128'

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

Describe access port Steel Welded Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
NA	20+ gpm	240	☐	☐	☒	☐

Test method:

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
12"	0	18	Top Soil, Sand and Gravel		X
8"	18	80	Coarse Sand		X
8"	80	100	Fine Sand		X
8"	100	128	Sand and Gravel		X
8"	128	150	Large Gravel	X	
8"	150	175	Sand and some Gravel	X	
8"	175	200	Coarse Sand and Large Gravel	X	

RECEIVED

AUG 21 2020

IDWR/NORTH

Completed Depth (Measurable): 200'

Date Started: 08/13/2020

Date Completed: 08/17/2020

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 Horsley Drilling, Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date 08/20/2020

*Driller Jeremy Borges Date 8/20/2020

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.