

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: 97-8298

Date Received: 2-2-2022

Receipt No: N038274

Claim Fee: \$25.00 By: IL

RECEIVED

FEB 02 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

1. Name of claimant(s) Gary and/or Rose Reed Phone (253) 219-9768
 Mailing address 35128 56th PL South Auburn WA Zip 98001
Street or Box City State
 Email address (optional) rosemreed3@gmail.com
2. Date of priority: (Only one per claim) 8/05/2014 (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 9,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Bonner;
 Parcel no. RP57N04W094801A
 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 the home. D0067643
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.03</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed .03 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 9,
NW 1/4 of SW 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.
License 97-7267 or None ()

13. Remarks (include an explanation of the priority date selected):
This is when the well was completed and began supplying the home.

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) Jerry Reed Date: 2/02/2022

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) _____ 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 REPORTRECEIVED
AUG 15 2014

IDWR / NORTH

1. WELL TAG NO. D 0067643Drilling Permit No. 872321

Water right or injection well # _____

2. OWNER: Raymond or Charlotte Harold

Name _____

Address 8680 East Side RoadCity Priest River State ID Zip 83856

3. WELL LOCATION:

Twp. 57 North ☒ or South ☐ Rge 04 East ☐ or West ☒Sec. 9 1/4 NE 1/4 SW 1/4Gov't Lot _____ County BonnerLat. 48 ° 17 : 9 13 (Deg. and Decimal minutes)Long. 116 ° 50 : 7 05 (Deg. and Decimal minutes)Address of Well Site 10143 East Side RoadCity Priest River

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

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
Bentonite	0	40	1050	Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	0	213	250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 213

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☒ Y ☐ N Type stainless steelMethod of installation Hammer Back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
213	223	18	10'	5"	SS	304

Length of Headpipe 5' Length of Tailpipe 1'Packer ☒ Y ☐ N Type K-Packer

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) _____ Static water level (ft) 157Water temp. (°F) cold Bottom hole temp. (°F) _____Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	<u>10+</u>	<u>4 hrs</u>

Test method:

Pump	Ball	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
10	0	10	Sand + gravel		X
10	10	25	Sand + cobbles		X
10	25	40	Brown clay + sand layers		X
6	40	70	Blue clay (some sand)		X
6	70	200	Blue silt	X	
6	200	214	Blue clay	X	
6	214	223	Coarse sand brown (some gravel)	X	

Completed Depth (Measurable): 223'Date Started: 6.16.14 Date Completed: 8.5.14

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 Pioneer Well Drilling Co. No. 725Principal Driller John M. M... .. Date 8.5.14Driller John M. M... .. Date 8.5.14

Operator I _____ Date _____

Operator II _____ Date _____

* Signature of Principal Driller and rig operator are required.