

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

Ident. Number: 97-8296
Date Received: 2/1/2022
Receipt No: N038380
Claim Fee: \$25.00
Received By: JA

RECEIVED
FEB 11 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

1. Name of Claimant(s)

GLEN WILLIG
143 MICK N ERN DR
PRIEST RIVER ID 83856

Phone: (208) 946-0859

AND/OR

RUTH WILLIG
143 MICK N ERN DR
PRIEST RIVER ID 83856

Phone: (208) 946-0859

2. Date of Priority: 9/1/2010

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	05W	13	SW SE		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
56N	05W	13	SW		SE		

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 WAS COMPLETED AND WATER WAS PUT TO BENEFICIAL USE

13. Basis of Claim: Beneficial Use

14. Signature(s)

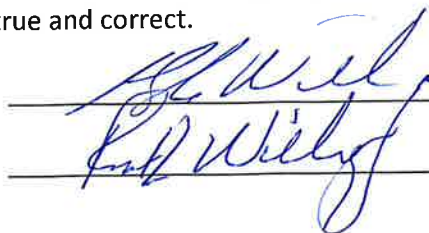
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do do not ✓ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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):



Date: 2-5-2017

Date: 2-8-2012

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0058289
Drilling Permit No. 8160021
Water right or injection well # _____

2. OWNER:
Name Glen Wilie
Address 1612 Cemetery Rd
City Priest River State ID Zip 83856

3. WELL LOCATION:
Twp. 56 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 13 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County Bonner
Lat. N 48° 11.892' (Deg. and Decimal minutes)
Long. W 116° 54.149' (Deg. and Decimal minutes)
Address of Well Site 1612 Cemetery Rd
City Priest River ID
(Give at least name of road • Distance to Road or Landmark)

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 ft³)	Placement method/procedure
<u>Bentonite</u>	<u>0</u>	<u>40</u>	<u>450 lbs</u>	<u>Tremie</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>+1</u>	<u>130</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 130

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method _____
Manufactured screen ☒ Y ☐ N Type Shallow
Method of installation Pullback

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>130</u>	<u>135</u>	<u>20</u>		<u>5</u>	<u>Shallow</u>	

Length of Headpipe 1' Length of Tailpipe 0
Packer ☒ Y ☐ N Type K

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method

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) 127 Static water level (ft) 60
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>135</u>	<u>30+</u>	<u>1mc</u>

Test method:
Pump ☐ Bailer ☐ Air ☒ Flowing artesian ☐

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
<u>10</u>	<u>0</u>	<u>14</u>	<u>Sand & gravel</u>		☒
<u>10 1/2</u>	<u>14</u>	<u>127</u>	<u>clay gray</u>		☒
<u>6</u>	<u>127</u>	<u>135</u>	<u>Sand - gravel - H2O</u>	☒	

RECEIVED
APR 08 2011
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Completed Depth (Measurable): 135'
Date Started: 8-27-2010 Date Completed: 8-27-9-1-2010

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 ALSC Date 4-8-2011
*Driller _____ Date _____
*Operator II _____ Date _____
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

56N 05W 13