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MAR 28 2022

Form No. 42-1409-2 (Internet 5/17)

DEPARTMENT OF
WATER RESOURCES

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 COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Claim ID: 95-18276

Date Received:

Receipt No:

Claim Fee: 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

Please type or print clearly

1. Name of claimant(s) Steve + Michelle Thurman Phone (208) 660-5518

Mailing address PO Box 958 Hayden ID Zip 83835
Street or Box City State

Email address (optional) chellthurman@gmail.com

2. Date of priority: (Only one per claim) 4-22-2002 (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 S3N Range 03W Section 17
NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Kootenai;

Parcel no. S3N03W177700

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, pump + pipeline to home, barn + shop

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic purposes from 01/01 to 12/31 amount _____
Month/Day Month/Day cfs ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 0.04 cfs ☒ or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

One home, barn, lawn, shop

9. Location of place of use is: Township 53N Range 03W Section 17
NE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. 53N03W17#00
for (check one) Domestic ☒ Stock () Domestic and Stock ()
If different than shown in Item 4

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Kootenai

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)
2001 home was built. We purchased home in 2010
Well tag No. 0022179

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 Coeur d'Alene-Spokane 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: 3

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) [Signature] Date: 3-23-2022
Michelle S Date: 3-23-22

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

_____ of _____
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 _____



↑
N

95-18276

T 53N
R 0360
Sec. 17
NE 1/4 SE 1/4

WELL DRILLER'S REPORT

Twp. 1/4 Rge. 1/4 Sec. 1/4
Lat. : : Long. : :

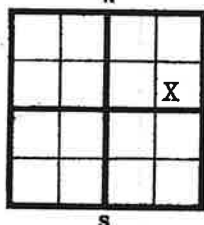
1. WELL TAG NO. D22179 00022478 MAY 10 2002

Drilling Permit No: 276122 IDWR/North
Other IDWR No.

2. OWNER Well Number:
Name A.J. BASILE #5 379

Address 2286 E. REMINGTON RD
City ATHOL State ID Zip 83801

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 53N ☒ North or ☐ South
Rge. 3W ☐ East or ☒ West
Sec. 17 SE 1/4 NE 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat. : : Long. : :

Address of Well Site

City ATHOL

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

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	10 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) R.B.

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	520	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

480 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 480 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: GOOD

Depth first Water encountered 480

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	3	Top Soil	☐	☐
10	3	20	Large Gravels & Sand	☐	☐
8	20	280	Gravel, Sand & Tan Clay	☐	☐
8	280	360	Sand & Pea Gravel	☐	☐
8	360	430	Gravel & Cobble	☐	☐
8	430	520	Sand & Gravel H2O starting at 480'	☐	☐

Completed Depth 520 (Measurable)

Date: Started 4/18/02 Completed 4/22/02

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2S WellService, Inc. Firm No. 448

Firm Official [Signature] Date 4-24-02

and Supervisor or Operator [Signature] Date 4/23/02

(Sign Once if Firm Official and Operator)

53A) 2.1.1 17

Identify from:

Parcels

Parcels

THURMAN, STEPHEN C

AI

Location:

2,296,587.942 1,863,209.790 Meters

Field	Value
ID	12878692
UPDATED	2/5/2021
PIN	53N03W177700
OWNER	THURMAN, STEPHEN C
ADDRESS1	PO BOX 958
ADDRESS2	<null>
CITY	HAYDEN
STATE	ID
ZIPCODE	83835
P_ADDRESS	29486 N GREYSTONE RD
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	TAX# 18491 [IN NE-SE]
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	24
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	2002

Identified 1 feature