

**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

Ident. Number: 95-18271
Date Received:
Receipt No:
Claim Fee:
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**

RECEIVED
MAR 29 2022
DEPARTMENT OF
WATER RESOURCES

1. Name of Claimant(s)

MAXIMILIAN FAITH
5770 N PARKWOOD CIRCLE
COEUR D ALENE ID 83815

Phone: (808) 594-9454

AND/OR

KELSI FAITH
5770 N PARKWOOD CIRCLE
COEUR D ALENE ID 83815

Phone: (208) 695-5574

2. Date of Priority: 5/20/1935

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
54N	03W	21	SE SW	6	BONNER	

5. Description of diverting works:

Replacement well for hand dug well first used in 1935.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.01		

7. Total Quantity Appropriated is:

0.01 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

One home with lawn irrigation

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	03W	21	SE		SW		
54N	03W	21	SE		SW	6	

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:

None

12. Remarks:

Priority Date Explanation:

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 ☒ 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):  Date: 2-28-22

Date: _____



95-18271

2

Identify

☰ >

Identify from:  Parcels

 Parcels

FAITH, MAXIMILIAN & KELSI



Location: 2,297,726.732 1,870,967.195 Meters

Field	Value
ID	13600587
UPDATED	6/8/2021
PIN	RP54N03W216942A
OWNER	FAITH, MAXIMILIAN & KELSI
ADDRESS1	5770 N PARKWOOD CIR
ADDRESS2	
CITY	COEUR D ALENE
STATE	ID
ZIPCODE	83815-8979
P_ADDRESS	619 S BEAVER LK RD
P_ZIPCODE	83801
SUB_NAME	
LEGAL1	21-54N-3W TAX 5 & 24
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	1.7
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	1935

Identified 1 feature

 Table Of Contents  Identify

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0086694
Drilling Permit No. 896908
Water right or injection well # _____

2. OWNER:
Name MAXIMILIAN FAITH
Address 916 W HAYS ST. APT 6
City BOISE State ID Zip 83702

3. WELL LOCATION:
Twp 54 North ☒ or South ☐ Rge: 3 East ☐ or West ☒
Sec. 21 1/4 SW 1/4 SW 1/4 SE/SW
10 acres 20 acres 40 acres
Adj't Lot _____ County BONNER
Lat 43 ° 493 (Deg and Decimal minutes)
Long. -116 ° 42.746 (Deg and Decimal minutes)
Address of Well Site 619 S BEANER LAKE RD.

City ATLUS
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 _____

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
<u>BEANERITE</u>	<u>0</u>	<u>38</u>	<u>1300 LBS</u>	<u>OVERCAST</u>
<u>CHIP</u>				<u>DRY POUR</u>

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6</u>	<u>12</u>	<u>38</u>	<u>250</u>	<u>STEEL</u>	☒	☐	☒	☐
<u>4</u>	<u>20</u>	<u>1120</u>	<u>5444</u>	<u>PVC</u>	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'

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

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>1120</u>	<u>1000</u>	<u>1/8" x 3/8"</u>	<u>.5</u>	<u>4</u>	<u>PVC</u>	<u>40</u>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type SHALE TRAP @ 60'

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	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) 192 Static water level (ft) 10
Water temp (°F) COLD Bottom hole temp. (°F) COLD
Describe access port BOLT ON CAP

Well test:	Test method:
Drawdown (feet)	Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐
Discharge or yield (gpm)	
Test duration (minutes)	
<u>1120</u>	<u>1.5 Approx</u> <u>240</u>

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
10	0	16	SANDY CLAY & COBBLES	
	16	24	BROKEN GRANITE & CLAY	
	24	38	GRAY GRANITE w/ FRACTURES	
6	38	54		
	54	192	GRAY GRANITE	
	192	194	GRAY GRANITE w/ BROWN	X
	194	281	GRAY GRANITE	
	281	285	GRAY GRANITE w/ BROWN	X
	285	688	GRAY GRANITE	X
	688	694	GRAY GRANITE w/ FRACTURES	
	694	1090	GRAY GRANITE	
	1090	1110	GRAY GRANITE w/ FRACTURES	X
	1110	1120	GRAY GRANITE	X

208-263-5974

Mark Pitts
Robin Pitts

Serving
North Idaho
Over 20 Years



RECEIVED

DRILLING • PUMPS • WATER TREATMENT
Complete Systems • From the Well To The House
435 Woodview Rd. • Sandpoint, ID 83864

IDWA/NORTH

Completed Depth (Measurable) 1120'
Date Started: 12/4/20 Date Completed 12/15/20

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 AAA SWEETWATER DRILLING No. 509

*Principal Driller Mark Pitts Date 12/30/20

*Driller [Signature] Date 12/23/20

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.