

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

RECEIVED

MAR 25 2022

IDWR / NORTH

CIVIL CASE NUMBER: 69576

Claim ID: 96-7896

Date Received: 3/25/2022

Receipt No: W038730

Claim Fee: \$53.00 By: Ja

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Robert J Larson Phone (805) 423-9380
Mailing address 240 Sunchaser Ln Sagle ID 83860
Street or Box City State
Email address (optional) _____
2. Date of priority: (Only one per claim) November 15, 1980 (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. a. Location of point of diversion is: Township 56N, Range 02W, Section 28,
NW 1/4 of NE 1/4, Govt. Lot _____, BM, County of Bonner
Parcel no. RP56N02W281001A
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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 home. D0058074. This is a new well that replaced the old well supplying my home.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic purposes from 1/1 to 12/31 amount .03 or 1.2

For purposes from to amount or

For purposes from to amount or

For purposes from to amount or

7. Total quantity claimed (a) .03 (cfs) and/or (b) (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 1 home

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
56N	02W	28		D															

Parcel no(s). Same Total number of acres irrigated

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 your 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):

This claim is based on license 96-7896. The new well was drilled in 2010 that supplies just my home, not the other home on the license.

Name of claimant(s) Claim ID

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile

[illegible]

Name of claimant(s) _____ Claim ID _____

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 96-7896

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: _____

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: 3/25/2022

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) _____ of _____
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 on behalf of 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 REPORT

1. WELL TAG NO. D 0058074

Drilling Permit No. 8100054

Water right or injection well # _____

2. OWNER: _____

Name Donald Moline Estates

Address P.O. Box 493

City Sagle State IN Zip 43860

3. WELL LOCATION:

Twp. 56 North ☒ or South ☐ Rge. 2 East ☐ or West ☒

Sec. 28 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County Bonner

Lat. N48 ° 10:593 (Deg. and Decimal minutes)

Long. W116 ° 34:569 (Deg. and Decimal minutes)

Address of Well Site Sunchaser Lane

City Sagle

(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	38	1,000 lbs	surface pipe

8. CASING/LINER:

Diameter (nominal)	From ft	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	143	250	steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 143

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type telescoping

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
143	153	10		2x4	pvc	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type k-packer

10. FILTER PACK:

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 _____

56N 02W 28

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 100 Static water level (ft) 100

Water temp. (°F) cold Bottom hole temp. (°F) _____

Describe access port cap

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	8	120	☐	☐	☒	☐

Water quality test or comments: little cloudy

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	8	silty brown clay		
	8	28	sand&gravel		
	28	38	brown clay some gravel		
6	38	80	brown clay some gravel		
	80	105	gravel&brown silty clay	X	
	105	128	brown clay some gravel		
	128	135	gravel&brown clay	X	
	135	137	boulder		
	137	141	fine silty brown sand	X	
	141	151	fine silty sand&gravel	X	
	151	160	brown clay&cemented gravel		

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NOV 04 2010

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Completed Depth (Measurable): 143ft

Date Started: 9-23-10 Date Completed: 9-30-10

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 Bronson Water Wells Co. No. 360

*Principal Driller Clint Bronson Date 10-14-10

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.