

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: 97-8477

Date Received: 3/24/2022

Receipt No: N038711

Claim Fee: \$25.00 By: Ja

RECEIVED

MAR 24 2022

COURT / 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) Craig Salesky Phone (208) 448-2518
 Mailing address PO Box 711 Priest River ID 83856
Street or Box City State
 Email address (optional) _____
2. Date of priority: (Only one per claim) 12/23/1994 (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 56N, Range 04W, Section 33,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Bonner;
 Parcel no. RP56N04W333150A
 Additional points of diversion, if any: 2nd well, same legal description
 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.
2 wells used to supply the domestic/stock use. Both wells are located right behind the barn. Well ID numbers are 333869 and 333793.
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	Domestic	purposes from	<u>1/1</u> to <u>12/31</u>	amount <u>.04</u>
For	Stockwater	purposes from	<u>1/1</u> to <u>12/31</u>	amount <u>.02</u>
7. Total quantity claimed .04 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 56N, Range 04W, Section 33,
NW 1/4 of NW 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.
_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):
This is when the first well was completed, second one added for support. Home was built shortly after.

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: _____

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) Craig Salesky Date: 3/24/2022

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

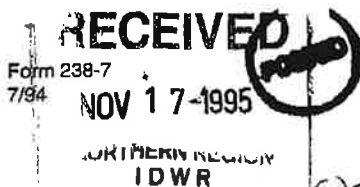
_____ of _____,
Agent's title (Please print) Name of organization (Please print)
and that the statements contained in the foregoing document are true and correct.

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 _____



Form 238-7
7/94

NOV 17 1995

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Revised

95678

OFFICE USE ONLY

Use Typewriter

Recorded by TDK

Pen

Twp 56N Rge 4W Sec 33
1/4 NW 1/4 NW 1/4

1. DRILLING PERMIT NO. 97-9511-63-000

Other IDWR No. _____

2. OWNER

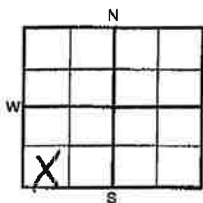
Name Craig Salesky

Address Box 711

City First River State Id Zip 83856

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 56 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 33 1/4 SW 1/4 SW 1/4
Gov't Lot _____ County Bonner

Address of Well Site _____

City _____

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

Lt. _____ Bldg. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☐ Air Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks	Pounds	
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>6</u>		<u>Temp Casing</u>

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>162</u>	<u>20</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method Telescoping
☒ Screens Screen Type Johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>156</u>	<u>162</u>	<u>6</u>		<u>6"</u>	<u>SS</u>	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>5</u>	<u>55</u>	<u>80'</u>	<u>4 hrs</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Clay</u>		☒
<u>6</u>	<u>18</u>	<u>25</u>	<u>Clay</u>		☒
	<u>25</u>	<u>40</u>	<u>Clay + Fine Sand</u>	☒	
	<u>40</u>	<u>80</u>	<u>Clay + Fine Sand</u>	☒	
	<u>80</u>	<u>120</u>	<u>Clay + Fine Sand</u>	☒	
	<u>120</u>	<u>156</u>	<u>Clay + Fine Sand</u>	☒	
	<u>156</u>	<u>162</u>	<u>Fine Sand</u>	☒	

MICROFILMED
AUG 25 1999

Completed Depth 162' (Measurable)
Date: Started 9-21-95 Completed 9-22-95

13. DRILLER'S CERTIFICATION

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

Firm Name Carl Potts & Sons Firm No. 168

Firm Official Carl Potts Date 9-29-95

and Supervisor or Operator Steve Potts Date 9-29-95

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES