

**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

RECEIVED

APR 14 2022

IDWR/NORTH

Ident. Number: 97-8542
Date Received: 4/14/2022
Receipt No: NA38918
Claim Fee: \$25.00
Received By: NS

**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)

KELLY MILLER
PO BOX 2267
PRIEST RIVER ID 83856

Phone: (208) 704-3210

AND/OR

DEWAYNE MILLER
PO BOX 2267
PRIEST RIVER ID 83856

Phone: (208) 699-9673

2. Date of Priority: 8/27/2019

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
58N	04W	17	NE SW		BONNER	

5. Description of diverting works:

Well, pump and pipeline

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		
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

45 mixed stock.
One home w/lawn & garden.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
58N	04W	17	NE		SW		
58N	04W	17	NW		SE		

STOCKWATER same as DOMESTIC

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:
See Well Tag No. D0079286

13. Basis of Claim: Beneficial Use

14. Signature(s)

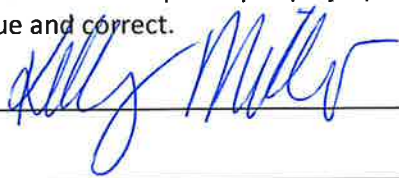
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do X do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

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:

4-14-22

Date:

↑ N

97-8542



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 00 29286
Drilling Permit No. 890985

Water right or injection well # _____

2. OWNER: CHRIS PETER

Name PO BOX 43804370

Address GOLEDA RD

City WILLACE State ND Zip 58873

3. WELL LOCATION:
Twp. 54N North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 17 - 1/4 1/4 1/4 1/4

Gov't Lot _____ County Donner
Lat. 48 ° 22.6080 (Deg. and Decimal minutes)
Long. -116 ° 53.0520 (Deg. and Decimal minutes)
Address of Well Site 1334 Franklin St
City Pleasant River

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)	Placement method/procedure
Bentonite	0	38	24-50"	Over bore
Hole 9114			Bags	

B. CASING/LINER:				Casing	Liner	Threaded	Welded
Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule				
16"	+2	155	60 12.50	Steel	☒	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

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

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type Stainless Steel John
Method of installation Telescreen

From (ft)	To (ft)	Slot size	Number/m	Diameter (nominal)	Material	Gauge or Schedule
155	160	14	5'	5"	S.S.	

Length of Headpipe 4 Length of Tailpipe 0
Packer ☒ Y ☐ N Type R Packer

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
8				

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) 45 Static water level (ft) 10
Water temp. (°F) Cold Bottom hole temp. (°F) Same
Describe access port Bolt on cap

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	30+	1 hr	☐	☐	☒	☐

Water quality test or comments:

13. LITHOLOGIC LOG and/or repairs or abandonment:

[illegible]

Completed Depth (Measurable): 100
Date Started: 8-22-19 Date Completed: 8-27-19

14. DRILLER'S CERTIFICATION:
We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Carl Pitts & Sons Co. No. _____
 *Principal Driller Procie Hannel Date 8-26-19
 *Driller J. E. H. Date 8-26-19
 *Operator II _____ Date _____
 Operator I Mike Taylor Date 8/26/19

* Signature of Principal Driller and rig operator are required.