

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

Ident. Number: 97-8621
Date Received: 5/4/2022
Receipt No: NO 39358
Claim Fee: \$25.00
Received By: _____

RECEIVED
MAY 04 2022
DEPT. OF WATER RESOURCES

**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)

OSBORNE TRUST
845 S MANOR HEIGHTS DR
POST FALLS ID 83854-7779

Phone: (208) 819-6622

2. Date of Priority: 11/15/2005

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
58N	04W	17	SW NW		BONNER	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

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

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:

12. Remarks:

Priority Date Explanation:

DATE WELL COMPLETED AND WATER FIRST PUT TO BENEFICIAL USE.

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 _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

Trustee of Osborne trust
Agents 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 Jay Osborne Date 5-4-22

Printed Name of Authorized Agent Jay Osborne

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0040911
DRILLING PERMIT NO. 836811
Water Right or Injection Well No. _____

2. OWNER:
Name Jay Osborne
Address P.O. Box 71
City Spirit Lake State ID Zip 83269

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 58 North ☒ or South ☐
Rge. 4 East ☐ or West ☐
Sec. 17 1/4 SW 1/4 4W 1/4
Gov't Lot _____
Lat: _____ Long: _____
Address of Well Site Cornelot Rd. OFF Marshfield Falls
Rd City Prest River
(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>300lbs</u>	<u>Temp Casings</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 200'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" + 1</u>	<u>200</u>	<u>250</u>	<u>29</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Fracture
Screen Type & Method of Installation Coil pull back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>200</u>	<u>205</u>	<u>20</u>	<u>304</u>	<u>6"</u>	<u>SS</u>	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

180' ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>3</u>	<u>15'</u>	<u>195'</u>	<u>2 hrs</u>

Water Temp. 60.1 Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>20</u>	<u>clay</u>		☒
<u>6"</u>	<u>20</u>	<u>50</u>	<u>S. fly clay</u>		☒
<u>6"</u>	<u>50</u>	<u>100</u>	<u>clay</u>		☒
<u>6"</u>	<u>100</u>	<u>108</u>	<u>clay</u>		☒
<u>6"</u>	<u>108</u>	<u>180</u>	<u>sand, clay</u>		☒
<u>6"</u>	<u>180</u>	<u>200</u>	<u>Sandy clay layers</u>	☒	
<u>6"</u>	<u>200</u>	<u>205</u>	<u>sand</u>	☒	
<u>6"</u>	<u>205</u>	<u>207</u>	<u>clay</u>		☒

RECEIVED
DEC 28 2005
IDWR/North

Completed Depth 205' (Measurable)
Date: Started 10-18-05 Completed 11-15-05

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 Chief Pits & Sons Firm No. 168

Principal Driller Steve Pits Date 11-30-05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

58N 4W 17