

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**

RECEIVED

JUN 21 2022

**DEPARTMENT OF
WATER RESOURCES**

CIVIL CASE NUMBER: 49576

Claim ID: 45-18319

Date Received: _____

Receipt No: NO40048

Claim Fee: \$35.00 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

Please type or print clearly

1. Name of claimant(s) Ronald and/or Heather Smith Phone (208) 660-9308
 Mailing address PO Box 87 Blanchard ID Zip 83804
Street or Box City State
 Email address (optional) heather92371@yahoo.com
2. Date of priority: (Only one per claim) 8/19/2010 (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 54N, Range 05W, Section 21,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of Bonner;
 Parcel no. RP54N05W210601A
 Additional points of diversion, if any: _____
 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.
Well supplying home. D0058214.
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 <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.04</u>			
For <u>Stockwater</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.02</u>			
7. Total quantity claimed .06 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 54N, Range 05W, Section 21,
NW 1/4 of NE 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 well was completed. The home was completed 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 Coeur d'Alene-Spokane 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: 1

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) [Signature] Date: 6/15/2022

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 _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 140 Static water level (ft) 140

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

Describe access port **3/4" Plug**

Well test: Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	30+	1 Hour	☐	☐	☒	☐

Water Quality test or comments: Clean, Clear, No Smell

13. LITHOLOGIC LOG and/or repairs or abandonment:

[illegible]

14. DRILLER'S CERTIFICATION

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

Company Name **United Crown Pump & Drilling** Co. No. **636**

Principal Driller **Jason Beckham** Date **8-20-10**Driller [Signature] Date 8-30-77

Operator II _____ Date _____

Operator _____ Date _____

Operator _____ Date _____

* Signature of Principal Driller and rig operator are required.

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

(Replacement etc.)

☒ 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 ft³)	Placement method/procedure
Bentonite	0	23	700 lbs	Dry Pour
Granular				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	194	.250	Steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method

Manufactured screen ☒ Y ☐ N Type Alloy Stainless

Method of installation **Set Screen, Pull Back Casing**

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
195	200	.40	5	5	S.S.	304

Length of Headpipe Length of Tailpipe **5 ft**Packer ☒ Y ☐ N Type K-Packer @ 190 ft

10. FILTER PACK:

Filler 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 **Steel Cap Welded**