

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 25 2022
IDWR / NORTH

Ident. Number: 97-8560
Date Received: 4/25/2022
Receipt No: NO39069-80
Claim Fee: \$25.00
Received By: LW

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)

JOHN E TILLEY JR & CANDACE KAY TILLEY REVOCABLE TRUST
2582 HWY 57
PRIEST RIVER ID 83856

Phone: (208) 448-2363

2. Date of Priority: 8/23/1988

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	05W	11	NE SE		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		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

ONE HOME AND A SINK AND A RESTROOM AT THE SHOP

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	05W	11	NE		SE		

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:
See well report.

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: 2

For Organizations:

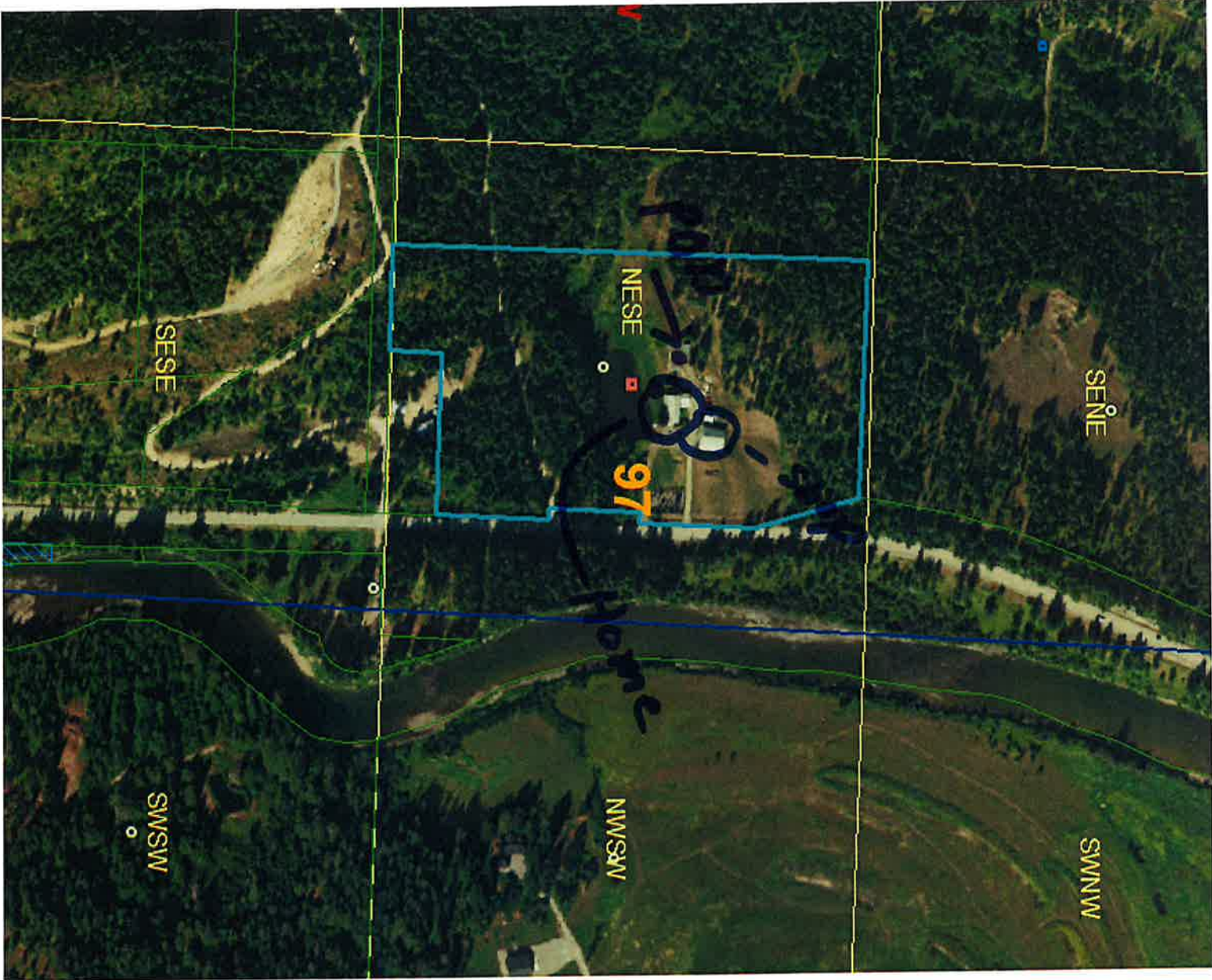
I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

John E Tilley & Candace T Rasky of John E Tilley & Candace T Rasky Revocable Trust
Agents Title (please print) Name of Organization (please print)

and that the statements contained in the foregoing document are true and correct.

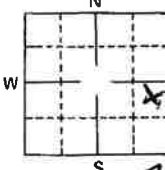
Signature of Authorized Agent Cardace Kay Tilley Date 4/25/2022

Printed Name of Authorized Agent Cardace Kay Tilley



97-8560

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.USE TYPEWRITER OR
BALLPOINT PEN

1. WELL OWNER Name <u>Mr & Mrs Robert E. Fromm</u> Address <u>RT-5 Box 40 Priest River 2nd, 83856</u> Owner's Permit No. <u>97-88-N-24</u>		7. WATER LEVEL Static water level <u>28</u> feet Department of Water Resources Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>50</u> °F. Quality <u>good</u> Describe artesian or temperature zones below.																																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☒ Bailer ☐ Air ☐ Other _____ Discharge G.P.M. <u>15 gpm</u> Pumping Level <u>40' drawdown</u> Hours Pumped <u>1</u>																																																											
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>1</td><td>top soil</td><td></td><td>☒</td></tr><tr><td>8</td><td>1</td><td>20</td><td>clay</td><td></td><td>☒</td></tr><tr><td>6</td><td>20</td><td>30</td><td>sand & broken rock</td><td></td><td>☒</td></tr><tr><td></td><td>30</td><td>38</td><td>coarse sand</td><td></td><td>☒</td></tr><tr><td></td><td>38</td><td>56</td><td>grey sand</td><td></td><td>☒</td></tr><tr><td></td><td>56</td><td>65</td><td>sand & broken rock</td><td></td><td>☒</td></tr><tr><td></td><td>65</td><td>75</td><td>sandy clay</td><td></td><td>☒</td></tr><tr><td></td><td>75</td><td>90</td><td>sand - trace of gravel</td><td></td><td>☒</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	1	top soil		☒	8	1	20	clay		☒	6	20	30	sand & broken rock		☒		30	38	coarse sand		☒		38	56	grey sand		☒		56	65	sand & broken rock		☒		65	75	sandy clay		☒		75	90	sand - trace of gravel		☒
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____																																																													
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches + _____ feet To _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☒ Yes ☐ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☒ Yes ☐ No Manufacturer's name <u>Johnson</u> Type <u>slotted</u> Model No. _____ Diameter <u>6</u> Slot size <u>20</u> Set from <u>84.6</u> feet to <u>89.6</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18+</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☒ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____																																																													
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Bonner</u> <u>NE 1/4 SE 1/4</u> Sec. <u>11</u> T. <u>56</u> N. R. <u>5</u> E. W.		10. Work started <u>8-9-88</u> finished <u>8-23-88</u>																																																											
		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. <u>Int'l Mountain</u> Firm Name <u>Drilling</u> Firm No. <u>252</u> Address <u>RT-1 Box 312 Priest River</u> Date <u>8-25-88</u> Signed by (Firm Official) <u>Norman D. Anglin</u> and (Operator) <u>Same</u>																																																											