

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: 97-9126Date Received: 6-29-22Receipt No: N040317Claim Fee: 25.00 By: NS**RECEIVED****AMENDED**

JUN 29 2022

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

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) MICHAEL & CARLEEN D CUMSTON Phone (____) _____
Mailing address 729 TOAD RD PRIEST RIVER ID 83856
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 2004 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 58N, Range 04W, Section 17,
____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of BONNER;
Parcel no. RP58N04W172525A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 205' / PUMP DEPTH AS CLAIMED BY DRILLER
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1-1 to 12-31 amount .02 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .02 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 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):

WHEN THE HOME WAS BUILT

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: 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)

Mike Combs
Carleen Combs

Date:

June 22 2022

Date:

6-22-22

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 _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0044807
DRILLING PERMIT NO. 840031
Water Right or Injection Well No. _____

2. OWNER:
Name Michael Cumston
Address PO Box 1002
City Priest River State ID Zip 83854

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Bk, Sub. or Directions to well.
Twp. 58 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 8 1/4 NE 1/4 SW 1/4
Gov't Lot _____
Lat: _____ Long: _____
Address of Well Site ROAD RD City Priest 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>300 lbs</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 109'
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6 1/2</u>	<u>109</u>	<u>205</u>	<u>20</u>	<u>Steel</u>	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Skull Saw

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>165</u>	<u>205</u>	<u>8x8</u>	<u>30</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
50 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:
☐ Pump ☐ Bailer ☒ DAT ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>6</u>	<u>100%</u>	<u>205'</u>	<u>1/2 hr</u>

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>TOPSOIL Quick sand</u>			
<u>6</u>	<u>18</u>	<u>50</u>	<u>HARD PAN</u>			
<u>6</u>	<u>50</u>	<u>109</u>	<u>HARD PAN</u>			
<u>6</u>	<u>109</u>	<u>195</u>	<u>Granite 5' Gal Frac 195'</u>			
<u>6</u>	<u>195</u>	<u>205</u>	<u>Granite 1 GPM</u>			

RECEIVED

JUN 12 2006

IDWR/North

RECEIVED

AUG 04 2006

IDWR/North

RECEIVED

JUN 20 2006

IDWR/North

Completed Depth 205' (Measurable)
Date: Started 5/26/06 Completed 6/1/06

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 Carl Papp & Sons Firm No. 168
Principal Driller Steve Papp Date 6/4/06
and John E. Papp Date 6/2/06
Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

58 N 4 W 8