

**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: 97-8759
Date Received: 6/7/2022
Receipt No: N039929
Claim Fee: \$2500
Received By: JR

RECEIVED

JUN 07 2022

IDWR/NORTH

**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)

ROBERT M MESSNER
PO BOX 396
PRIEST RIVER ID 83856

Phone: (208) 448-2648

AND/OR

NINA L MESSNER
PO BOX 396
PRIEST RIVER ID 83856

Phone: (208) 448-2648

2. Date of Priority: 7/21/1992

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	05W	20	NW SE		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	0.04		

7. Total Quantity Appropriated is:

0.04 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
57N	05W	20	NW		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:

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 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):

Robert M. Messer
Reina Y. Messer

Date:

06/07/22

Date:

6/17/22

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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.

1. WELL OWNER Name <u>Larry T. Larson</u> Address <u>P.O. Box 1139 Priest River, Id</u> Drilling Permit No. <u>97-92-N-25</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>44</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increases ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1" style="width:100%"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>25</td><td>143</td><td>2</td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	25	143	2																															
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG 081975 <table border="1" style="width:100%"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water Yes No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>1</td><td>top soil</td><td></td></tr><tr><td></td><td>1</td><td>4</td><td>brown clay</td><td></td></tr><tr><td></td><td>4</td><td>7</td><td>tan clay</td><td></td></tr><tr><td>6</td><td>7</td><td>125</td><td>blue/grey clay</td><td></td></tr><tr><td></td><td>125</td><td>129</td><td>brown clay&sand</td><td></td></tr><tr><td></td><td>129</td><td>143</td><td>sand&gravel</td><td>X</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water Yes No	From	To	8	0	1	top soil			1	4	brown clay			4	7	tan clay		6	7	125	blue/grey clay			125	129	brown clay&sand			129	143	sand&gravel	X
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED JUL 30 1992 NORTHERN REGION IDWR RECEIVED JUL 24 1992 Department of Water Resources DEC 04 1992																																					
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width:100%"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>250 inches</td><td>6 inches</td><td>+ 1 feet</td><td>143 feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun 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 _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ 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>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding 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 <u>Well cap</u>	Thickness	Diameter	From	To	250 inches	6 inches	+ 1 feet	143 feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	10. Work started <u>7-20-92</u> finished <u>7-21-92</u>																	
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W E S X County <u>Bonner</u> Subdivision Name _____ Lot No. _____ Block No. _____ NW ¼ SE ¼ Sec. 20, T. 57 N ¼ S ¼ R. 5 E ¼ W ¼	11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Bronson Water Well</u> Firm No. <u>360</u> Address <u>Spirit Lk, Id</u> Date <u>July 22, 1992</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) _____																																					

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT