

**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

JUN 10 2022

IDWR/NORTH

Ident. Number: 97-8780
Date Received: 6/10/2022
Receipt No: N039970
Claim Fee: \$2500
Received By: JK

**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)

RAMON C TURNER
11667 EASTSIDE RD
PRIEST RIVER ID 83856-9546

Phone: (208) 448-1993

AND/OR

GAYLA R TURNER
11667 EASTSIDE RD
PRIEST RIVER ID 83856-9546

Phone: (208) 448-1993

2. Date of Priority: 7/2/1991

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	4	SW NE		BONNER	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME AND STOCK TANKS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.01		
STOCKWATER	01/01	12/31	0.01		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

STOCKWATER FOR UP TO 20 HEAD OF MIXED STOCK
DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	4	SW		NE		

STOCKWATER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	04W	4	SW		NE		

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): R Craig Turner Date: 6/10/22

Date: _____

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>DOROTHY E. STEPHENS</u> Address <u>HCR 4 BOX 36 PRIEST RIVER IDA 83856</u> Drilling Permit No. <u>97-91-N-11-000</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>70</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 <u>48</u> °F. Quality <u>Clear</u> Describe artesian or temperature zones below.																																																																	
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ 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. _____ Pumping Level _____ Hours Pumped _____ <u>3 air test approx.</u>																																																																	
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <u>079889</u>																																																																	
4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		<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>10</td><td>0</td><td>2</td><td>top soil</td><td></td><td></td></tr><tr><td></td><td>2</td><td>6</td><td>gravel + boulders</td><td></td><td></td></tr><tr><td></td><td>6</td><td>19</td><td>sand + bit gravel</td><td></td><td></td></tr><tr><td></td><td>19</td><td>53</td><td>fine sand</td><td></td><td></td></tr><tr><td></td><td>53</td><td>75</td><td>hard blue clay</td><td></td><td></td></tr><tr><td></td><td>75</td><td>94</td><td>broken red air clay</td><td></td><td></td></tr><tr><td></td><td>94</td><td>96</td><td>red lignite boulder</td><td></td><td></td></tr><tr><td></td><td>96</td><td>119</td><td>gray clay</td><td></td><td></td></tr><tr><td></td><td>119</td><td>450</td><td>hard granite</td><td></td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	10	0	2	top soil				2	6	gravel + boulders				6	19	sand + bit gravel				19	53	fine sand				53	75	hard blue clay				75	94	broken red air clay				94	96	red lignite boulder				96	119	gray clay				119	450	hard granite		
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5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches + _____ inches From _____ feet To _____ feet _____ inches _____ inches _____ feet _____ 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 ☐ 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>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 _____		10. Work started <u>6-27</u> finished <u>7-2-91</u>																																																																	
6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Bonner</u> <u>SW 1/4 NE 1/4 Sec. 4, T. 57, S. 4</u> N ☒ S ☐ E ☐ W ☐		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Intervention</u> Firm No. <u>PS2</u> Address <u>Box 312</u> Date <u>7-2-91</u> Signed by (Firm Official) <u>Shannon D. Haggler</u> and (Operator) <u>Don</u>																																																																	

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