

**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

CIVIL CASE NUMBER: 49576

Ident. Number: 92-11135
Date Received: 8/3/2022
Receipt No:
Claim Fee: \$2500
Received By: _____

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AUG 11 2022

**DEPARTMENT OF
WATER RESOURCES**

**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)

SIDNEY G GOODWIN
26496 GREBE DR
SAINT MARIES ID 83861

Phone: (208) 659-8454

2. Date of Priority: 12/18/2009

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
44N	02W	27	NE NW		BENEWAH	

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	0.03		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BENEWAH County

Township	Range	Section	¼	of	¼	Lot	Acres
44N	02W	27	NE		NW		

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 FIRST PUT TO 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 COEUR D'ALENE-SPOKANE 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): Lindsay B. Goodwin Date: 8/3/22

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0057208

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER:

Name Jo Bean

Address 30133 Hwy 6

City St. Maries State ID Zip 83861

3. WELL LOCATION:

Twp. 44 North ☒ or South ☐ Rge. 2 East ☐ or West ☒

Sec. 27 1/4 NE 1/4 NW 1/4

Gov't Lot _____ County Beneviah

Lat. 47 ° 08.043N (Deg. and Decimal minutes)

Long. 116 ° 34.734W (Deg. and Decimal minutes)

Address of Well Site 30133 Hwy 6

1/2 mile before emida on Hwy 6 Emida
(Give at least name of road & distance to road or landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ 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
<u>Bentonite</u>	<u>0</u>	<u>38</u>	<u>1100 lbs</u>	<u>Pour Around Pipe</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6</u>	<u>+2</u>	<u>-38</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☐	☒
<u>4"</u>	<u>-12</u>	<u>126</u>	<u>200psi</u>	<u>Pvc</u>	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skill Saw

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>66</u>	<u>126</u>	<u>1/4x5</u>	<u>60</u>	<u>4"</u>	<u>Pvc</u>	<u>200 PSI</u>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
<u>None</u>				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device well cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 78 Static water level (ft) 20

Water temp. (°F) 48 Bottom hole temp. (°F) _____

Describe access port Well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>8 GPM</u>	<u>Air lift</u>	<u>From 126 ft</u>
<u>for 2 hrs</u>		

Test method:

Pump ☐ Baller ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: Cold & clear / No odor

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>Top Soil / w gravel</u>		
	<u>2</u>	<u>18</u>	<u>Basalt Fractured</u>		
	<u>18</u>	<u>32</u>	<u>Basalt Hard</u>		
	<u>32</u>	<u>35</u>	<u>Basalt Fractured</u>		
<u>6</u>	<u>35</u>	<u>126</u>	<u>Basalt Hard</u>	☒	
			<u>w/water</u>		
			<u>First water 78 ft</u>		
			<u>5 GPM</u>		
			<u>2nd water 110 ft</u>		
			<u>3 GPM</u>		
			<u>Total 8 GPM</u>		
			<u>At 126 ft</u>		

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DEC 22 2009

IDWR / NORTH



Completed Depth (Measurable): 126 ft

Date Started: 12-17-09 Date Completed: 12-18-09

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 Interstate Drilling LLC No. 689

*Principal Driller Ryan Suchoski Date 12-21-09

*Driller Ryan Suchoski Date 12-21-09

*Operator II Ryan Suchoski Date 12-21-09

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.