

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: 97-9289

Date Received: 6-13-2022

Receipt No: N039996

Claim Fee: 25.0 By: N

RECEIVED

JUN 13 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

Please type or print clearly

- Name of claimant(s) Donald L. Cordes Phone (509) 710-5877
Mailing address PO Box 215 Coalinga ID Zip 83821
Street or Box City State
Email address (optional) don@iabf.biz
- Date of priority: (Only one per claim) 8-1-2001 (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 59N, Range 4, Section 11,
SW 1/4 of NE 1/4, or Govt. Lot NW BM, County of Bonner;
Parcel no. RP5904W114950
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 supplies house only. No changes since being drilled. (See attached well driller's report.)
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 01/01 to 12/31 amount .04 cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
One Home

9. Location of place of use is: Township 59 N, Range 4 W, Section 11,
SW 1/4 of NE 1/4, Govt. Lot NW BM, Parcel no. RP5904W1149 50
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? Banner County

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.
None or None (☒)

13. Remarks (include an explanation of the priority date selected):

Date that well was hooked up to the home

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) Donald J Corde Date: 6-6-2022

Date: _____

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

Agent's title (Please print) _____ of _____
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 _____

From: Lance von Marbod lancevonmarbod@gmail.com
Subject: 469 Lee Lake Rd. Well Drillers report
Date: June 7, 2022 at 1:11 PM
To: Don Cordes don@iabf.biz

Here you go Don! Send \$25. dollars each with each application. LVM
Lance von Marbod
Licensed in Idaho
LifeStyle Real Estate
28329 Hwy 57
Priest Lake, ID 83856
lancevonmarbod@gmail.com
509 990 8241 cell
888 449 2771 eFax

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Form 2357 1999
JUL 21 1999

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

77196

IDWR/North

1. WELL TAG NO. D 10214
DRILLING PERMIT NO. 97-99-N-19
Other IDWR No.

2. OWNER:
Name: DON CORDES
Address: 6357 LYRIC LANE
City: FALLS CHURCH State: VA Zip: 22044

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Sketch map location must agree with written location.

W Twp. 59 North or South
Rge. 4 East or West
Sec. 11 SW 1/4 NE 1/4 NW 1/4
Gov't Lot 13 County BONNER
Lat. Long.
Address of Well Site: 9 MI. E. COOLIN
City: COOLIN
JEON LEE BLK RD
(Give at least name of road - Distance to Road to Landmark)

Li. 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/FILTER PACK		AMOUNT		METHOD
Material	From	To	Seals or Pounds	
BENTONITE	0	18	200#	TEMP CAS.

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 25'
Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Depth	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
698	1.5	73	250	STEEL	☒	☐	☐	☐

Length of Headpipe 1.5' Length of Tailpipe

9. PERFORATIONS/SCREENS

Perforations Method: DROP SCREEN PULL CAS.
Screens Screen Type: STAINLESS-TELESCOPIC

From	To	Bot Size	Number	Diameter	Material	Casing	Liner
73	78	25		5 1/2	SS	☐	☐

Office Use Only
Inspected by
Twp. Age Sec
1/4 1/4 1/4
Lat. Long.

11. WELL TESTS:

☐ Pump ☒ Sailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
18	54	24	1 1/2 hrs

Water Temp. Bottom hole temp.

Water Quality test or comments:

Depth first Water Encounter 6

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bole	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	1	TOPSOIL		☒
8	1	11	SAND GRAVEL BR. CLAY	☒	
8	11	18	SAND GRAVEL BL. CLAY	☒	
6	18	48	SAND GRAVEL BL. CLAY	☒	
6	48	68	CEMENTED GRAVEL	☒	
6	68	78	SAND - GRAVEL	☒	

Completed Depth 78 (Measurable)
Date: Started 6/19/99 Completed 6/28/99

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.