

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: 97-9401

Date Received: _____

Receipt No: N039887Claim Fee: 25.00 By: TA

AMENDED

RECEIVED

AUG 15 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

1. Name of claimant(s) MICHAEL S & ANN M JACKSON Phone (208) 597-3020Mailing address 2367 BEAR PAW RD PRIEST RIVER ID Zip 83856
Street or Box City StateEmail address (optional) annjcksn@gmail.com2. Date of priority: (Only one per claim) 2-15-2022 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____4. Location of point of diversion is: Township 57N, Range 05W, Section 17,
SW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of BONNER;Parcel no. RP57N05W173605A

Additional points of diversion, if any: _____

If available, GPS coordinates: _____

5. 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.

DOMESTIC WELL AT 244', GF submersible
pump, 35 GPM 5hp 3 phase 2-7-2022

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>STOCKWATER</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>.02</u>			

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .02 cfs (✓) or AFY ()8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
STOCKWATER FOR 4 HORSES

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):

OUR WELL WAS DRILLED 2/22 @ 240 FEET

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)

Michael Jackson
Ann M Jackson

Date: 8-8-2022

Date: 8/8/2022

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

1 WELL TAG NO. D 0091046
Drilling Permit No 903815
Water right or injection well # _____

2 OWNER
Name MICHAEL S. & ANN M. JACKSON
Address PO BOX 939
PIEST RIVER State ID Zip 83856

3 WELL LOCATION
Sec 57 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec 17 1/4 SW 1/4 NW 1/4

County BONNER
Twp 48 N 17.5115' (Deg and Decimal minutes)
R -116 W 59.7853' (Deg and Decimal minutes)
Address of Well Site 2367 BEAR PAW RD.
City PIEST RIVER

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
Sealant BENTONITE D 38 1050 LBS OVERBORE
CHIP DRY POUR

8 CASING/LINER:
Casing Liner Threaded Welded
6 + 2 224.250" STEEL ☒ ☐ ☐ ☒
Shoe used? ☒ Y ☐ N Shoe Depth(s) 224

PERFORATIONS/SCREENS:
Screens ☐ Y ☒ N Mesh STAINLESS STEEL
Screened screen ☒ Y ☐ N Type STAINLESS STEEL
Method of installation SET ON BOTTOM, PULLED Casing

From (ft)	To (ft)	Size	Number	Diameter (nominal)	Material	Gauge or Schedule
244	229	.016"	5	STAINLESS	250	

Length of Headpipe 5' Length of Tailpipe _____
Screen ☒ Y ☐ N Type K

9 FILTER PACK:
Filter Material From (ft) To (ft) Quantity (lbs or ft³) Placement method

10 FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Pressure control device _____

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 190 Static water level (ft) 80
Water temp (°F) COLD Bottom hole temp (°F) COLD
Describe access port BOLT ON CAP

Well test:
Drawdown (feet) Discharge or yield (gpm) Test duration (minutes)
100' 25+ 60
Test method: Pump ☐ Bailor ☒ Air ☐ Flowing artesian ☐

Water quality test or comments GOOD

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
10	0	1	TOP SOIL	
8	1	38	SILTY CLAY	
8	38	40	" "	
40	122	127	WET SILTY CLAY	
122	186	186	HARDPAN CLAY	
186	190	190	WET SILTY CLAY	
190	219	219	SAND CLAY, WATER	X
219	244	244	SAND, WATER	X

RECEIVED

FEB 22 2022

IDWR/NORTH

208-263-5974

Mark Pitts
Robin Pitts

Serving
North Idaho
Over 20 Years



DRILLING • PUMPS • WATER TREATMENT
Complete Systems • From the Well To The House

435 Woodview Rd • Sandpoint, ID 83864

Completed Depth (Measurable) 244
Date Started 2/7/22 Date Completed 2/15/22

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 PPA SWEETWATER DRILLING Co. No 509

*Principal Driller Mark Pitts Date 2-17-22

*Driller [Signature] Date 2/17/22

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required