Form No. 42-1409-2 (Internet 06/21)

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: 97-9433
Date Received: 6-24-22
Receipt No: N0040219
Claim Fee: $25.00 By: NS

RECEIVED
JUN 24 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 and Daveid Norman Phone (360) 620-4148

   Mailing address PO Box 701 (Street or Box), Bremerton (City), WA (State) Zip 98337

   Email address (optional) twinpeaksatsnowvalley@gmail.com

2. Date of priority: (Only one per claim) 1920 (Month/Day/Year (YYYY)) (Explain priority date selected in Remarks)

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 5W, Section 20,

   NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Bonner;

   Parcel no. RP 57N05W204950

   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 39 feet.

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	Domestic	01/01	12/31	.04
For				

   purposes from ____ to ____ amount ____

7. Total quantity claimed .04 cfs (✓) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

   Domestic - 1 home

9. Location of place of use is: Township 57N, Range 5W, Section 20,
NE 1/4 of Sw 1/4, Govt. Lot _____ BM, Parcel no. RP 57N05W204950
If different than shown in Item 4
for (check one) **Domestic** (✔) **Stock** ( ) **Domestic and Stock** ( )
Additional places of use, if any N/A

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):
Date of home construction.

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) _____ Date: 6/20/2022
_____ Date: 6/20/2022
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 _____

RECEIVED
NOV 15 2001
IDWR/North

Form 238-7
11/97

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 0017884
DRILLING PERMIT NO. ____-____-____-_____-_____
Other IDWR No. _____

2. OWNER:
Name KEN Haggman
Address 799 Haggman Rd.
City Nordman State ID Zip 83848

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S

Twp. 57 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 20 ____ 1/4 NE 1/4 SW 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County BONNER
Lat: : : Long: : :
Address of Well Site Bear Bow Rd.
to 4 corners turn left 1/2 mile on right
(Give at least name of road + Distance to Road or Landmark) City PRIEST RIVER
Lt. _____ 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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	18	6	Temp Casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 32
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	32	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
Perforations Method pullback - Johnson
Screens Screen Type Telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
32	37	25		6	S.S.	☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
10 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10+	10'	20'	1hr

Water Temp. cold Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encounter 19'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	18	TOP Soil, clay		X
6	18	25	clay + S/lt Some Sand	X	
6	25	30	clay + Sand	X	
6	30	37	Sand Brn	X	
6	37	39	clay		X

Completed Depth 37' (Measurable)
Date: Started 11-7-01 Completed 11-10-01

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

Company Name Carl Pitts & Sons Firm No. 168
Firm Official Steve Pitts Date 11-13-01
and
Driller or Operator William Lyon Date 11-13-01
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES