

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: 97-9441
Date Received: 6-27-22
Receipt No: NØ40237
Claim Fee: \$2500 By: NS

RECEIVED

JUN 27 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) Lori K. Hansen Phone (208) 437-2209
Mailing address 301 Larsen Lane Oldtown Idaho Zip 83822
Street or Box City State
Email address (optional) lkhansen@pvn.com
2. Date of priority: (Only one per claim) August 22, 1977 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____
4. Location of point of diversion is: Township 56N, Range 5W, Section 1,
Not sure 1/4 of Not sure 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP56N05W013150A
Additional points of diversion, if any: None
If available, GPS coordinates: Unknown
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 6" cap 85' deep
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 (X) or AFY ()
For <u>Domestic</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>0.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed 0.04 cfs (X) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic - 1 Household; lawn 'garden

9. Location of place of use is: Township 56N, Range 5W, Section 1,
Not 1/4 of Not 1/4, Govt. Lot _____ BM, Parcel no. RP56N05W013150A
If different than shown in Item 4
for (check one) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any None

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 (X) 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 (X)

13. Remarks (include an explanation of the priority date selected):
Well was drilled between 8/21/1977 - 8/22/1977. Used the finish date for the
priority date. See attachments for further clarification.

14. Basis of claim (check one) **Beneficial Use** (X) **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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 5

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) Lori K. Hansen Date: 06/25/2022

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

N/A 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) Hansen, Lori K. Claim ID _____

Notice of Claim to Water Rights on Parcel RP56N05W013150A – Well No. 1
Property Location in Bonner County - 540 Stone Johnny Road; Priest River, Idaho 83856

Continuation of
13. Remarks

Name of Claimants on this claim

Lori Hansen (Address on claimant form – page 1); and/or Kelly Bradbury; and/or Kevin Hansen and/or Terri Allen at the following addresses:

Kelly Bradbury	Kevin Hansen	Terri Allen
26961 Highway 57	230 Larsen Lane	1958 Almo Ave
Priest River ID 83856	Oldtown, ID 83822	Burley, ID 83318
phone: 208-443-8108	phone: 208-437-2004	phone: 208-371-5462

The four children of Molly K. Hansen (named above) inherited her estate at her death on April 21, 2014.

Location of Well No. 1 on the Well Drillers report is incorrect; stating that it is in T57N R5W S36 of the SE ¼ SW ¼.

The property is actually within T56N R5W S1. The well lies in this same Township; Range & Section on the property below the house and garage. It is believed that the quarter sections should be SW ¼ NW ¼. A Section Map, and a structure map found on <http://cloudgisapps.bonnercountyid.gov/public/> are attached along with the Well Driller Report found on the IDWR site for the well.

Attachment #1 – Parcel RP56N05W013150A – Well No. 1
Hansen, Lori K.

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed APRIL 28, 2014

State File No. 2014-03801

DECEDENT - LEGAL NAME MOLLY KAREN HANSEN			
SEX FEMALE	SOCIAL SECURITY NUMBER 518-42-5026	AGE 78 YEARS	DATE OF BIRTH FEBRUARY 24, 1936
BIRTHPLACE ALZADA, MONTANA		PLACE OF RESIDENCE PRIEST RIVER, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME MAYNARD MORRIS PAGE			BIRTHPLACE INDIANA
MOTHER - MAIDEN NAME ELEANOR ROSE ROZELL			BIRTHPLACE SOUTH DAKOTA
METHOD OF DISPOSITION REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE KEITH W. CAMPBELL	
NAME AND ADDRESS OF FUNERAL FACILITY SHERMAN-KNAPP FUNERAL HOME, INC, PRIEST RIVER, IDAHO			
DATE OF DEATH APR. 21, 2014	TIME OF DEATH 12:00 NOON	CITY, TOWN OR LOCATION OF DEATH PRIEST RIVER, IDAHO	COUNTY OF DEATH BONNER
CAUSE OF DEATH (underlying cause last) LUNG CANCER, NON SMALL CELL			Approximate Interval Between Onset and Death MONTHS
DUE TO (or as a consequence of): a.			
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above DVT, COPD			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER GEOFF S. JONES, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: JUNE 05, 2014

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

PINCO (Rev.) 02/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BONNER COUNTY TAX YEAR 2021



MAKE CHECK PAYABLE TO:
BONNER COUNTY TREASURER
& TAX COLLECTOR
1500 Hwy 2 Suite 304
Sandpoint, ID 83864-1793

Phone: (208) 265-1433

IMPORTANT TAX DOCUMENT

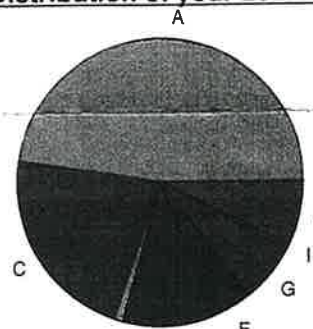
3063*8**G50**0.788**1/2*****AUTO5-DIGIT 83864
HANSEN MOLLEY K
PO BOX 646
PRIEST RIVER ID 83856-0646



Bill #: 39174
Tax Code Area: 34-0000
Parcel #: RP56N05W013150A

1st Half Due 12/20/2021	2nd Half Due 6/20/2022	Full 2021 Amount Due
Tax \$ 541.78	Tax \$ 541.78	Tax \$ 1,083.56
Late	Late	Late
Interest	Interest	Interest
Costs	Costs	Costs
Total	Total	Total
Assessed Value	2021	2020
LAND	66,756	
IMPRVMT	81,849	
TOT MKT	148,605	134,047
TOT TAX	1,083.56	1,036.02
TOT ACRES	5.000	

Distribution of your 2021 Tax



Description	D	E	F	Rate	Amount
A = COUNTY				.002691419	\$399.96
B = W BONNER BOND					\$0.00
C = W BONNER SUPL				.001248772	\$185.56
D = W BONNER OTHER				.000054345	\$8.08
E = CO RD/BRIDGE				.000575609	\$85.54
F = AMBULANCE DIST				.000270461	\$40.18
G = WEST BONNER LIB				.000369383	\$54.88
H = W B LIB PLNT F				.000000000	\$0.00
I = W BONNER CEM				.000034653	\$5.14
J = WEST P O FIRE				.000745108	\$60.98
DISTRICT TOTAL				.005969750	\$840.32
FOREST ASSESSMENT					\$55.00
FOREST PRACTICES ACT					\$3.24
SOLID WASTE					\$185.00
AMOUNT DUE					\$1,083.56



eNoticesOnline.com
Go Paperless

AUTHORIZATION CODE
BON-GH9XEQW4

Property Location: 540 STONE JOHNNY RD 83856
Legal Description: 1-56N-5W
TAX 4

★★★ IMPORTANT ★★★
PLEASE READ BOTH FRONT AND BACK
★★★ MONTHLY PAYMENTS ARE ACCEPTED ★★★

For information on Bonds visit:
WWW.BONNERCOUNTYID.GOV/TREASURER

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.



PAY ONLINE AT: www.bonnercountyid.gov
\$1.00 ACH or 2.5% CARD FEE

Please fold on perforation BEFORE tearing

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

HANSEN, MOLLEY K

Tax Year: 2021
Bill #: 39174



2ND HALF



Amount Due: 541.78

Make check payable to:
Bonner County
Tax Collector
RP56N05W013150A
34-0000

DELINQUENT IF NOT PAID ON OR BEFORE

LATE
INT
COST
TOTAL

June 20, 2022

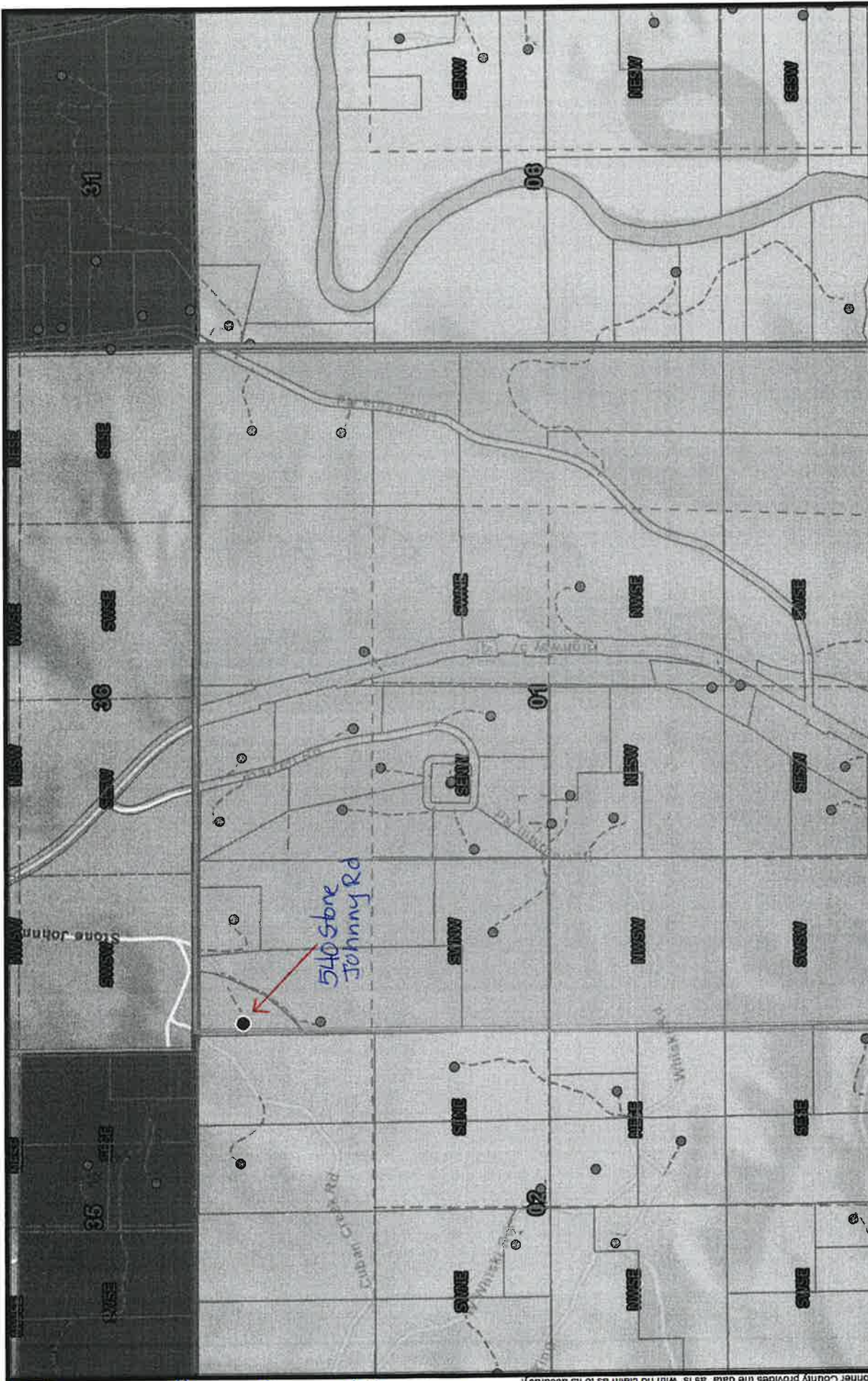
3063 1/1



Attachment #2 - Parcel RP56N05W013150A - Well No. 1
Hansen, Lori K

540 Stone Johnny Rd T56R5WS1

Attachment #3- Parcel RP56W05W013150A - Well #1
Hansen, Lori K.



6/25/2022

- Structure**
- Structure
 - Driveway
- Parcels**
- Parcels
 - Lots
- Township**
- Township
 - Section
- Quarter-Quarter Section

1:18,056

0 0.125 0.25 0.5 mi
0 0.175 0.35 0.7 km

Bonner County

Bonner County provides the data "as is" with no claim as to its accuracy.

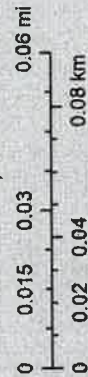
Molly Hansen Estate Well 1



6/25/2022

Structure	Road Centerlines	Parcels
• Structure	Primary	Parcels
— Driveway	Secondary	Lots
	Local; Ramp	

1:2,257



Source: Esri, Maxar, Earthstar Geographics, and the

Attachment # 4 - Parcel RP56N05W013150A - well No. 1
Hansen, Lori K

Bonner County provides the data "as is" with no claim as to its accuracy.

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

State 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.

Well No. 1

1. WELL OWNER

Name Jim Hansen
Address Priest River, Idaho 83856
Owner's Permit No. 97-77-N-11

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 85 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>1/2</u> inches	<u>6</u> inches	<u>+ 1</u> feet	<u>19</u> feet
_____ inches	_____ inches	_____ feet	_____ 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

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

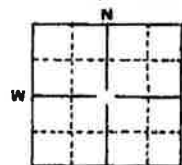
Gravel packed? ☐ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 19 Material used in seal ☐ Cement grout
☒ Bentonite ☐ Pudding clay ☐ Well cuttings

Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing
☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Bend OR BONNER

SE 1/4 SW 1/4 Sec. 36 T. 57 N. 1/2 R. 5 W

7. WATER LEVEL

Static water level 40 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____
Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other Est. Airlift

Discharge G.P.M.	Draw Down	Hours Pumped
12-15		2 hrs.

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	5	Top Soil		x
	5	14	Sandy Loam		x
	14	20	Granite Black hard		x
	20	74	Granite Black "		x
	74	80	Granite Black soft	x	
	80	85	Granite Black hard		

101775

RECEIVED

AUG 31 1977

Department of Water Resources
Northern District Office

10.

Work started 8/21/77 finished 8/22/77

11. DRILLERS CERTIFICATION

Firm Name Carman Development Co. Firm No. 228
Address E. 6010 Broadway, Spokane, Wa. Date 8/25/77

Signed by (Firm Official) John Carman
and
(Operator) John Carman

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

Attachment #5 - Parcel RP56 N 05W 013150A - well No. 1
Hansen, Lori K