

**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: 97-9457
Date Received: 6/27/2022
Receipt No: N040284
Claim Fee: 25- By: SC

RECEIVED

JUN 27 2022

**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**

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) Kent Trust, c/o Steven B and/or Susan K Kent, Trustees Phone (509) 999-7713
Mailing address P.O. Box 307 Laclede ID Zip 83841
Street or Box City State
Email address (optional) konasuz@live.com
- Date of priority: (Only one per claim) September 26, 2011 (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 56N, Range 04W, Section 34,
SE 1/4 of SE 1/4, or Govt. Lot 1 BM, County of Bonner;
Parcel no. RP 027560000010 A
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, completed depth - 76 feet. Well tag no. D0059533
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For _____ domestic purposes from Month/Day 1/1 to Month/Day 12/31 amount cfs (✓) or AFY () 0.04
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- 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 56N, Range 04W, Section 34,
SE 1/4 of SE 1/4, Govt. Lot 1 BM, Parcel no. _____
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):

date well was put into use

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: _____

_____ 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

Kent Trust, Steven B and/or Susan K Kent, Trustees 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 SBK / Susan Kent Date 06/24/2022

Printed Name of Authorized Agent Steven B Kent/ Susan K Kent

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 _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D DOO59533

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: STEVE KENT

Name _____

Address 19316 N MADISON RD

City MEAD State WA Zip 99021

3. WELL LOCATION:

Twp. 56 North ☒ or South ☐ Rge. 4 East ☐ or West ☒

Sec. 34 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County BONNER

Lat. N48 ° 09:279 (Deg. and Decimal minutes)

Long. W116 ° 48:495 (Deg. and Decimal minutes)

Address of Well Site PRESTON POINT

City PRIEST RIVER

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 ft)	Placement method/procedure
<u>PORTLAND CEMENT</u>	<u>0</u>	<u>38</u>	<u>1200 lb</u>	<u>PULLBACK</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
<u>6"</u>	<u>+1</u>	<u>71</u>	<u>250</u>	<u>STEEL</u>	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 72 ft

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type Alloy

Method of installation PULLBACK

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>71</u>	<u>76</u>	<u>20</u>	<u>5</u>	<u>5"</u>	<u>SS</u>	

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K-PACKER

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
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11. FLOWING ARTESIAN:

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

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 72 ft Static water level (ft) 15 ft

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

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>100%</u>	<u>50-60</u>	<u>1HR</u>

Test method:

Pump ☐ Bailer ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: _____

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>6</u>	<u>0</u>	<u>20</u>	<u>Topsoil 2 ft - clay</u>		☒
<u>6</u>	<u>20</u>	<u>40</u>	<u>clay</u>		☒
<u>6</u>	<u>40</u>	<u>60</u>	<u>clay</u>		☒
<u>6</u>	<u>60</u>	<u>80</u>	<u>20TH SAND 72 ft</u>	☒	
<u>6</u>	<u>80</u>	<u>81</u>	<u>clay</u>		☒

Completed Depth (Measurable): 76 ft

Date Started: 9-22-2011 Date Completed: 9-26-2011

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 CARL PITTS' SONS Co. No. 169

*Principal Driller STEVE PITTS Date 9-26-2011

*Driller STEVE PITTS Date _____

*Operator II _____ Date _____

Operator I CHRIS MEDRANO Date 9-26-2011

* Signature of Principal Driller and rig operator are required.