

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: 97-9473

Date Received: 6/29/22

Receipt No: N040334

Claim Fee: 25- By: SC

RECEIVED

JUN 29 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) TED P. PICHE Phone (208) 791-6665
Mailing address 684 DIRKS RD. PRIEST RIVER ID Zip 83856
Street or Box City State
Email address (optional) EAGLESPOINT2016@GMAIL.COM
- Date of priority: (Only one per claim) 5/19/15 (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 _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM, County of _____;
Parcel no. RP 001390000070A
Additional points of diversion, if any: _____
If available, GPS coordinates: See well driller report - Attached
- 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 CASING 6" - 77' DEEP.
WELL Permit ON FILE - Well TAG # 0069366
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 Month/Day to 12/31 Month/Day amount .04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____ cfs () or AFY ()
- Total quantity claimed .04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC HOME

9. Location of place of use is: Township 13-56N, Range 5W, Section FOREST LANE TRACTS
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. RP 001390000070A
If different than shown in Item 4

for (check one) Domestic ☒ Stock ☐ Domestic and Stock ☐

Additional places of use, if any FOREST LANE TRACTS TRACT 6

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.

WATER RIGHTS FROM CREEK - GRANTED MY FATHER GRANT PICHE or None ☐

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

REFER TO THE WELL PERMIT OBTAINED FOR MY
WELL, ON RECORD WITH STATE OF IDAHO

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: _____

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) TED PICHE 3 Date: JUNE 27, 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 _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

WELL TAG NO. D 0009340

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER:

Name Ted Piche

Address 2008 Birch Drive

City Lewiston State ID Zip 83501

3. WELL LOCATION:

Twp. 56 North ☒ or South ☐ Rge. 05 East ☐ or West ☒

Sec. 13 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County Banner

Lat. 43 ° 12:463 (Deg. and Decimal minutes)

Long. 116 ° 54:323 (Deg. and Decimal minutes)

Address of Well Site 684 Dinks Rd

City Drie St River

(Give at least name of road + Distance to Road or Landmark)

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 _____

SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>850</u>	<u>Pour</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>270</u>	<u>250</u>	<u>4</u>	<u>Steel</u>	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 12'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type Stainless steel

Method of installation Hammer back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>12</u>	<u>17</u>	<u>00</u>	<u>5</u>	<u>5"</u>	<u>SS</u>	<u>304</u>

Length of Headpipe 2' Length of Tailpipe _____

Packer ☒ Y ☐ N Type K packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
<u>NA</u>				

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) 38' Static water level (ft) +2'

Water temp. (°F) 60 Bottom hole temp. (°F) _____

Describe access port Wadded plate

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	<u>5+</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>10</u>	<u>0</u>	<u>1</u>	<u>Top soil</u>		☒
<u>10</u>	<u>1</u>	<u>3</u>	<u>brown clay</u>		☒
<u>10</u>	<u>3</u>	<u>4</u>	<u>brown silt + sand (fine)</u>		☒
<u>10</u>	<u>4</u>	<u>38</u>	<u>blk. clay</u>	☒	
<u>10</u>	<u>38</u>	<u>60</u>	<u>silt + sand sub course</u>	☒	
<u>10</u>	<u>60</u>	<u>77</u>	<u>course sand</u>	☒	

Completed Depth (Measurable): 77'

Date Started: 5.11.15 Date Completed: 5.19.15

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 Pioneer Well Drilling Co. No. 725

*Principal Driller John M. D. Date 5-19-15

*Driller John M. D. Date 5-19-15

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.