

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

RECEIVED

MAR 10 2023

CIVIL CASE NUMBER: 69576

Claim ID: 96-8525

Date Received: 3-10-23

Receipt No: N042699

Claim Fee: 60 By: JA

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) Dan &/or Beth Sweig Phone (208) 275-8901
Mailing address 71 Pontoon Bay RD Sagle ID Zip 83860
Street or Box City State
Email address (optional) dan@aeiworld.com
2. Date of priority: (Only one per claim) 12/31/1947 (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. a. Location of point of diversion is: Township 56N, Range 3W, Section 32,
SW 1/4 of NW 1/4, Govt. Lot 2, BM, County of Bonner
Parcel no. RP027500000030A
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.

~~Pump, Pipeline to place of use~~

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Commercial purposes from 5/15 to 10/1 amount 0.10 or 6.6

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.10 (cfs) and/or (b) 6.6 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 6 seasonal RV sites with Bath House

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
56n	3W	32							C										
									L 2										

Parcel no(s). _____ Total number of acres irrigated _____

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 your 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):

~~Domestic use from same well is covered by a separate claim. Priority based on License.~~

Name of claimant(s) Dan &/or Beth Sweig Claim ID _____

Scale: 2 inches equals 1 mile

[illegible]

Name of claimant(s) _____ Claim ID _____

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License (✓) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

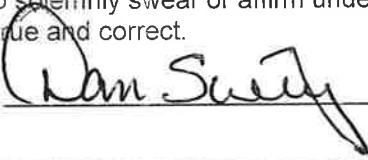
If applicable provide IDWR Water Right Number 96-8525

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: 2

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: 3/7/2023

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 on behalf of 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.

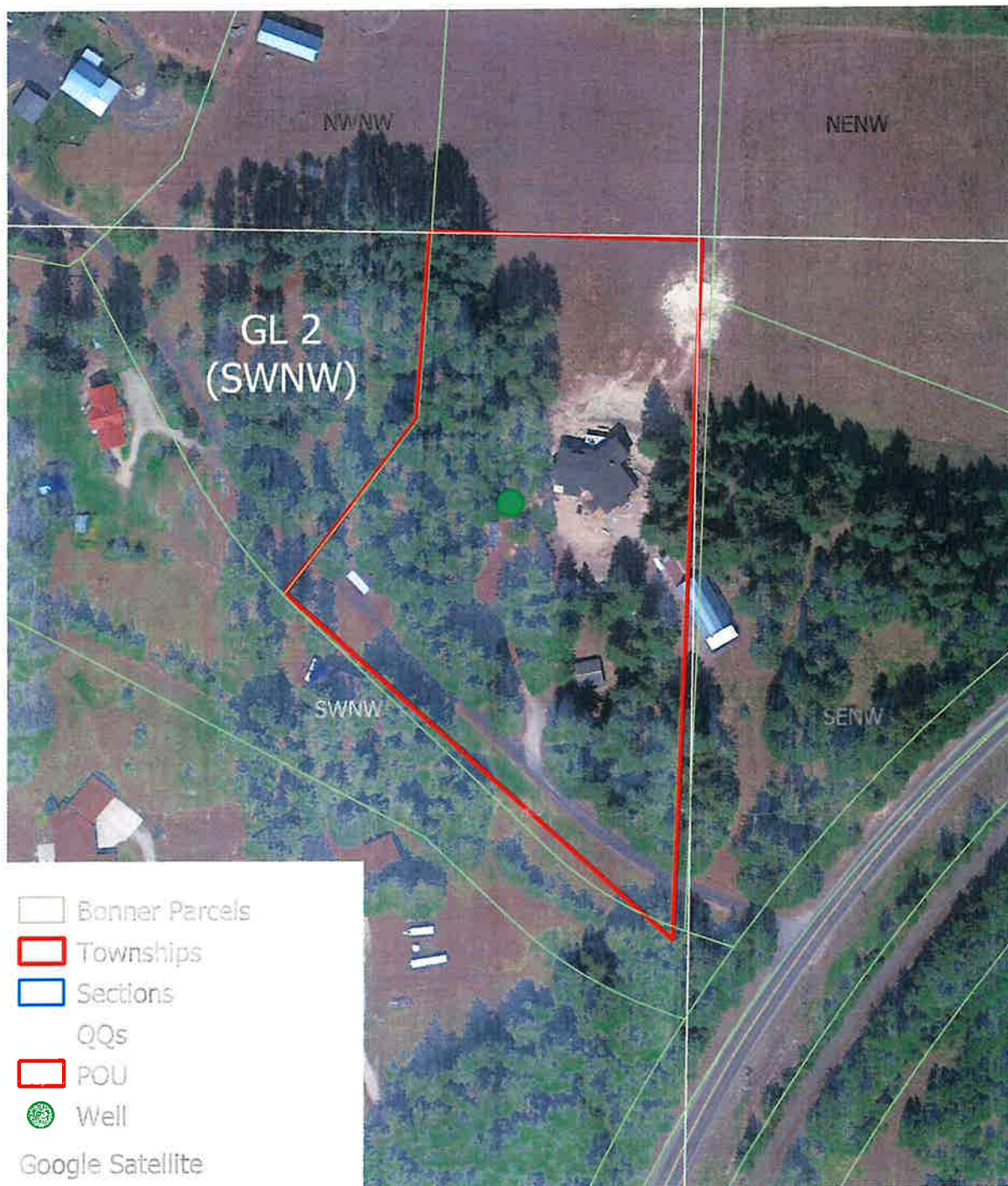
Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

Sweig RV Claim (96-8525)

T56N R3W Sec 32



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState 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.

USE TYPEWRITER OR



1. WELL OWNER Name <u>Sandy Schuly - 20 Paul - 83860</u> Address <u>3160 Airport Rd Eagle, Ida.</u> Owner's Permit No. <u>96-88-N-043</u>		7. WATER LEVEL Static water level <u>71</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>50</u> OF. Quality <u>good</u> Describe artesian or temperature below.																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☒ Bailor ☐ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>20+</u></td><td><u>NO DRAWDOWN</u></td><td><u>1 hr.</u></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>20+</u>	<u>NO DRAWDOWN</u>	<u>1 hr.</u>																																				
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water Yes No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>1</td><td>Top Soil</td><td>☒</td></tr><tr><td>8</td><td>1</td><td>20</td><td>sand & gravel</td><td>☒</td></tr><tr><td>6</td><td>20</td><td>38</td><td>sand & gravel</td><td>☒</td></tr><tr><td></td><td>38</td><td>65</td><td>sand</td><td>☒</td></tr><tr><td></td><td>65</td><td>90</td><td>sand & gravel</td><td>☒</td></tr><tr><td></td><td>90</td><td>110</td><td>fine sand</td><td>☒</td></tr><tr><td></td><td>110</td><td>140</td><td>Coarse sand - lit gravel</td><td>☒</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water Yes No	From	To	8	0	1	Top Soil	☒	8	1	20	sand & gravel	☒	6	20	38	sand & gravel	☒		38	65	sand	☒		65	90	sand & gravel	☒		90	110	fine sand	☒		110	140	Coarse sand - lit gravel	☒
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____		10. Work started <u>7-27</u> finished <u>8-2-88</u>																																											
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>1.50</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>630.1</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> 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 <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☒ Yes ☐ No Manufacturer's name <u>JOHNSON</u> Type <u>STAINLESS</u> Model No. <u>30</u> Diameter <u>6</u> Slot size <u>30</u> Set from <u>130</u> feet to <u>140</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18+</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☒ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent ☐ Cemented between strata Describe access port _____		Thickness	Diameter	From	To	<u>1.50</u> inches	<u>6</u> inches	<u>1</u> feet	<u>630.1</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. <u>Intermountain</u> Firm Name <u>Drilling</u> Firm No. <u>252</u> Address <u>1810 31st Ave, Eagle, Ida.</u> Date <u>8-3-88</u> Signed by (Firm Official) <u>Thomas D. Hoyer</u> and (Operator) <u>Same</u>											
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6. LOCATION OF WELL Sketch map location must agree with written location. Subdivision Name _____ <u>Section 2</u> Lot No. _____ Block No. _____ County <u>Bonne</u> <u>5 W 1/4 NW 1/4 Sec. 32, T. 56 N, R. 3 E</u>																																													

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT