

**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

RECEIVED

AUG 18 2022

IDWR / NORTH

Ident. Number: 97-9413

Date Received: 8/18/2022

Receipt No: N040831

Claim Fee: \$2500

Received By: [Signature]

**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**

1. Name of Claimant(s)

THEODORE W CORK
PO BOX 2243
PRIEST RIVER ID 83856-2243

Phone: (208) 946-8399

AND/OR

ELIZABETH A CORK
PO BOX 2243
PRIEST RIVER ID 83856-2243

Phone: (208) 946-8399

2. Date of Priority: 12/21/2020

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	04W	33	SE NE		BONNER	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	04W	33	SE		NE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

DOMESTIC USE FROM CREEK

12. Remarks:

Priority Date Explanation:

DATE WELL COMPLETED AND WATER FIRST PUT TO BENEFICIAL USE.

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin 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: 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): Therese W. Cork Date: 8-18-22
Elizabeth A. Cork Date: 8/18/22

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0086628

Drilling Permit No. 8910842

Water right or injection well # _____

2. OWNER: Theodore & Elizabeth Cork

Name _____

Address P.O. Box 2243

City Priest River State ID Zip 83856

3. WELL LOCATION:

Twp. 56N North ☒ or South ☐ Rge. 04W East ☐ or West ☒
Sec. 33 1/4 SE 1/4 NE 1/4

Gov't Lot _____ County Bonner

Lat. 48 ° 09 . 651 (Deg. and Decimal minutes)

Long. 116 ° 49 . 715 (Deg. and Decimal minutes)

Address of Well Site NNA Cork Rd.

(Give at least name of road & distance to road or landmark) 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 ³)	Placement method/procedure
Bentonite	0	38	1000 lbs.	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Uner	Threaded	Welded
6"	+2	38	.250	Steel	☒	☐	☐	☒
4"	-5	400	40	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skilsaw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
380	400	1/4x4	20'	4"	PVC	Sch. 40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	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) 172' Static water level (ft) 86'

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

Describe access port Welded cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Boiler	Air	Flowing artesian
	4	60	☐	☐	☐	☐

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	
10	0	7	Broken Decomposed Granite	Y	N
10	7	38	Gray & White Granite		X
6	38	120	Gray & White Granite		X
6	120	172	Black Granite		X
6	172	178	White & Green Granite w/ 1 gpm	X	
6	178	208	Gray Granite		X
6	208	211	Green Granite w/ 2 gpm	X	
6	211	246	Purple Granite		X
6	246	310	White & Gray Granite		X
6	310	385	Black Granite w/ 1 gpm @370'	X	
6	385	400	Gray Granite		X

RECEIVED

DEC 29 2020

IDWR/NORTH

Completed Depth (Measurable): 400'

Date Started: Dec 17, 2020

Date Completed: Dec 21, 2020

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 H2O Well Service Inc Co. No. 448

*Principal Driller [Signature] Date 12-28-2020

*Driller [Signature] Date 12-28-2020

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.