

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: 97-9606

Date Received: 9-14-20

Receipt No: N0411418

Claim Fee: 25.00 By: [Signature]

RECEIVED

SEP 14 2022

IDWR/NORTH

Please type or print clearly

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

- Name of claimant(s) LINDA M CROSS REVOCABLE LIVING TRUST Phone (208) 448-2607
Mailing address PO BOX 765 PRIEST RIVER ID 83856
Street or Box City State Zip
Email address (optional) RTLINDA3@YAHOO.COM
- Date of priority: (Only one per claim) 10/15/2008 (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 57N, Range 04W, Section 31,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM, County of BONNER;
Parcel no. RP57N04W310003A
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 - 10/15/08. BRONSON WATER WELLS #360. PERMIT 0055532 240 FT
- 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 to 12-31 amount .04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed .04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC ONE HOUSEHOLD

9. Location of place of use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. _____ SAME
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 DRILLED

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) _____ 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

Linda M Cross Trustee of Linda M Cross Revocable Living Trust
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 Linda M Cross Date Sept 9, 2022

Printed Name of Authorized Agent LINDA M CROSS

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

1. WELL TAG NO. D 0055532

Drilling Permit No. 853763

Water right or injection well # _____

2. OWNER:

Name Linda M Cross

Address N 16616 Lower Green Bluff Rd

City Colbert State WA Zip 99005

3. WELL LOCATION: 1004 Peninsula Loop Rd

Twp. 57 North ☒ or South ☐ Rge. 4 East ☐ or West ☒

Sec. 31 10 acres 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County Bonner

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site 1004 Peninsula Rd Loop Rd

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	18	400lbs	overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+1 1/2	308 1/2	250	steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 308 1/2 ft

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
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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 _____

57N 04W 31

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 278 Static water level (ft) 265

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

Describe access port cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	9-10	240

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: clear

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
8	0	18	tan clay some gravel		
6	18	28	blue clay some gravel		
	28	73	tan clay some gravel		
	73	75	boulder		
	75	78	sand&gravel		
	78	90	fine sand		
	90	113	tan-grey clay some gravel		
	113	122	silty tan grey clay		
	122	124	sand		
	124	154	tan-grey clay some gravel		
	154	199	tan-grey clay		
	199	202	tan clay some gravel		
	202	255	tan-grey clay		
	255	257	tan clay&gravel		
	257	274	tan-grey clay		
	274	278	tan clay&gravel		
	278	325	sand&gravel some silty clay	X	

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NOV 18 2008

IDWR/North

Completed Depth (Measurable): 310 ft

Date Started: 10-7-08 Date Completed: 10-15-08

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 Bronson Water Wells Co. No. 360

*Principal Driller Clint Bronson Date 10/16/08

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.