

**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

Ident. Number: 97-9691
Date Received: 5/16/2023
Receipt No: **N043365**
Claim Fee: **\$25.00**
Received By: **[Signature]**

RECEIVED

MAY 16 2023

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**

1. Name of Claimant(s)

ROBERT DORE
PO BOX 1826
PRIEST RIVER ID 83856

Phone: (206) 380-5238

AND/OR

PAMELA DORE
PO BOX 1826
PRIEST RIVER ID 83856

Phone: (206) 380-5238

2. Date of Priority: 5/12/2022

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	04W	9	NE SW		BONNER	

5. Description of diverting works:

WELL WITH PUMP AND PIPE TO PLACE OF USE.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 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
57N	04W	9	NE		SW		

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:

12. Remarks:

Priority Date Explanation:

DATE WELL COMPLETED PER WELL DRILLERS REPORT 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):




Date:

5-16-23

Date:

5-16-23

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0091296

Drilling Permit No. 905058

Water right or injection well # _____

2. OWNER: Dore, Robert & Pamela

Name _____

Address 1404 G St SE

City Auburn State WA Zip 98002

3. WELL LOCATION:

Twp. 57 North ☒ or South ☐ Rge. 41 East ☐ or West ☒

Sec. 09 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County Bonner

Lat. 48 0 18.040 (Deg. and Decimal minutes)

Long. 116 0 50.554 (Deg. and Decimal minutes)

Address of Well Site Eastside 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	38	2450 lbs	Temp Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	93	.250	SS	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 93'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type Stainless Steel

Method of Installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
93	98	.16	5	5"	SS	

Length of Headpipe 5' 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
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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) 40' Static water level (ft) 25'

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

Describe access port Weld on Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
100 %	20gpm	60 min

Test method:

Pump	Ball	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: Clear - Cold

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
10	0	30	Clay Brown, Tan Sand		X
10	30	38	Clay, Tan Sand, Gravel		X
8	38	43	Clay, Tan Sand, Gravel		X
8	43	100	Sand, Gravel	X	

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MAY 24 2022

WR/NORTH

Completed Depth (Measurable): 98'

Date Started: May 11, 2022 Date Completed: May 12, 2022

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 Tom Ruppel Date 5-19-22

*Driller Tom Ruppel Date 5-19-22

*Operator II Archie Date 5-19-22

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.