

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 97-9480

Date Received: 8/27/2022

Receipt No: Fee Exempt

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
UNITED STATES OF AMERICA - USDA FOREST SERVICE	550 WEST FORT STREET, MSC 033	BOISE	ID	USA	83724

2. Date of Priority:

Date	Explanation
7/30/1996	Date well completed on Well Drillers Report - Drilling Permit No. 97-96-N-043-000.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
59N	04W	19	3	NW	SW	BONNER		Pump in well to pressure tank then piped to various locations at the Forest Service Priest Lake Visitors Center.

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		Domestic use at the Forest Service Priest Lake Visitors Center for use by the public and an on-site host.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	04/15	10/15

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04		

Totals

CFS	AF	KW
0.04		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
59N	04W	19	NW	SW	BONNER	3	



9. **Remarks:**

10. **Other Water Rights:**

None.

11. **Basis:**

Basis
Beneficial Use

12. **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 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

_____ of _____

Title Organization

that I have signed the foregoing document in the space below as

_____ of _____

Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name



Leg

- 
- 
- 



3/95

Starships Consulting
Management Services

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097768

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	Long	

1. DRILLING PERMIT NO. 97-96-N-043-000

Other IDWR No.

2. OWNER

Well Number:

Name DICKENSHEET VISITOR CTR

434

Address %USDA 3815 Schrieber Rd

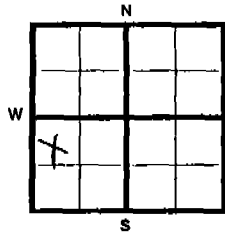
City CDA

State ID

Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 59



North or



South

Rge. 04



East or



West

Sec. 19

1/4

NW

1/4

SW

1/4

Gov't Lot

County

BONNER

Lat:

Long:

Address of Well Site 22 Miles N of Priest R

Hwy 57

City

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

Lt.

Blk.

Sub. Name

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK

check all that apply

(Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
bENTONITE	0	40	12 Sacks	Crumbles

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 258Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	258	.250	STEEL	☒	☐	☒	☐

Length of Headpipe

Length of Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations Method☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

188 ft. below ground Artesian pressure lb.

Depth flow encountered ft. Describe access port or control devices:

NWSW 19 59N 4W

11. WELL TESTS:

☐ Pump☐ Bailer☒ Air☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25-28			1.5

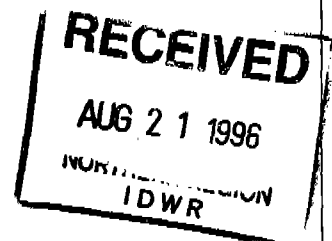
Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAN

Depth first Water encountered 240

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	2	Topsoil Brown Medium	☐	☒
10	2	18	Fine Sand Tan Medium	☐	☒
8	18	80	Fine Sands Tan Medium	☐	☒
8	80	93	Clays Silt Gray Soft	☐	☒
8	93	140	Clays W/Sands Tanish Brown	☐	☒
8	140	200	Sands W/Clay Lenses Tanish	☐	☒
8	200	230	Gravels W/Coarse Sands Tanish	☐	☒
8	230	243	Large Gravels W/Fine Sands	☒	☐
8	243	256	Gravels W/Fine Sands Tanish	☒	☐
8	256	258	Granite White Black Medium	☐	☒
6	258	270	Granite White Black Medium	☐	☒
6	270	275	Granite White Black Medium Fracture	☒	☐
6	275	335	Granite White Black Medium	☐	☒
	0	0	1x6" Weld on Cap	☐	☐



Completed Depth 335' (Measurable)

Date: Started 07/24/96 Completed 07/30/96

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official Mark R. L. Date 8-12-96

and

Supervisor or Operator Mark L. L. Date 8-15-96

(Sign Once If Firm Official and Operator)