

Form No. 42-1409-2 (Internet 06/21)

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: 97-9433

Date Received: 6-24-22

Receipt No: N040219

Claim Fee: \$2500 By: NS

RECEIVED

JUN 24 2022

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

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) Michael and Daveid Norman Phone (360) 620-4148
Mailing address PO Box 701, Bremerton, WA Zip 98337
Street or Box City State
Email address (optional) twinpeaksatsnowvalley@gmail.com
- Date of priority: (Only one per claim) 1920 (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 5W, Section 20,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of Bonner;
Parcel no. RP 57N05W204950
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.
Domestic well at 39 feet.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>01/01</u> to <u>12/31</u> amount <u>.04</u>			
For _____ purposes from _____ to _____ amount _____			
- Total quantity claimed .04 cfs (☒) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic - 1 home

9. Location of place of use is: Township 57N, Range 5W, Section 20,
NE 1/4 of Sw 1/4, Govt. Lot BM, Parcel no. RP 57N05W204950
If different than shown in Item 4
for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any N/A

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 of home construction.

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: 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) [Signature] Date: 6/20/2022
[Signature] Date: 6/20/2022

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

_____ of _____
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 _____ 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 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 _____

RECEIVED

Form 238-7
11/97

NOV 15 2001

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

IDWR/North

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

1. WELL TAG NO. D 0017884
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:

Name Ken Haggman
Address 799 Haggman Rd
City Nordmen State ID Zip 83848

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E S
Twp. 57 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 20 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County Bonner
Lat: _____ Long: _____
Address of Well Site Bear River
to 4 corners turn left 1/2 mile on right City Priest River
(Give at least name of road & distance to road or landmark)

Lt. _____ Bk. _____ 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	Feet	Pounds	
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>6</u>		<u>Temp Casings</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 32

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>32</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method pullback-Johnson
Screens Screen type Telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>32</u>	<u>37</u>	<u>25</u>		<u>6</u>	<u>S.S.</u>	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☒ Bailor

☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10+</u>	<u>10'</u>	<u>20'</u>	<u>1hr</u>

Water Temp. 60's Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 19'

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>TOP Soil, clay</u>		☒
<u>6</u>	<u>18</u>	<u>25</u>	<u>clay + silt some sand</u>	☒	
<u>6</u>	<u>25</u>	<u>30</u>	<u>clay + sand</u>	☒	
<u>6</u>	<u>30</u>	<u>37</u>	<u>sand brn</u>	☒	
<u>6</u>	<u>37</u>	<u>39</u>	<u>clay</u>		☒

Completed _____ Depth 37' (Measurable)
Date: Started 11-7-01 Completed 11-10-01

13. DRILLER'S CERTIFICATION

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

Company Name Carl Pitts & Sons Firm No. 168

Firm Official Steve Pitts Date 11-13-01

and
Driller or Operator William L. Pitts Date 11-13-01
(Sign once as Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES