

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: 97-9871Date Received: 11/13/24Receipt No: N045082Claim Fee: \$25.00 By: MB

RECEIVED

NOV 13 2024

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

Please type or print clearly

1. Name of claimant(s) JOHN + ANNE LEEB WALBRIDGE Phone (831) 334-1952
 Mailing address 153 MAGELLAN ST., CAPETOLA CA Zip 95010
Street or Box City State
 Email address (optional) BURGER 153@hotmail.com
2. Date of priority: (Only one per claim) 07/17/1991 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
 which is tributary to (b) _____
4. Location of point of diversion is: Township 56N, Range 4W, Section 32,
1/4 of _____ 1/4, or Govt. Lot 7 BM, County of BONNER;
 Parcel no. RP56N04W321450A
 Additional points of diversion, if any: _____
 If available, GPS coordinates: 48.16069°N 116.85727°W
5. 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.
1 WELL FOR DOMESTIC USE 6" CASING TO
176'. WELL DEPTH = 186'.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
 For DOMESTIC purposes from JAN 1 to DEC 31 amount 0.04 cfs ☒ or AFY ()
Month/Day Month/Day
 For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.5 cfs () or AFY ☒
8. 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 56N, Range 4W, Section 32,
_____ 1/4 of _____ 1/4, Govt. Lot 7 BM, Parcel no. RP56N04W321450A
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 COUNTY

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.
PERMIT 97-9829 FOR IRRIGATION ONLY, LICENSE IN PROCESS or None (☒)

13. Remarks (include an explanation of the priority date selected):
DATE FIRST WELL OF RECORD WAS COMPLETED -
SEE SECOND ATTACHMENT.

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: 2

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: 11/11/2024
[Signature] Date: 11/11/2024

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) WALBRIDGE Claim ID _____

WAL BRIDGE - CLAIMANTS

USE TYPEWRITER OR
BALLPOINT PENSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>THOMAS CORDS</u> Address <u>10019 152 SW SEATTLE, WA. 98146</u> Owner's Permit No. <u>97-91-D-14</u>	7. WATER LEVEL Static water level <u>18</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																								
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☐ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																					
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>2</td><td>TOPSOIL - SAND</td><td> </td><td> </td></tr><tr><td>2</td><td>2</td><td>30</td><td>CLAY</td><td> </td><td> </td></tr><tr><td>30</td><td>30</td><td>36</td><td>SAND - FINE - CLAY</td><td> </td><td> </td></tr><tr><td>31</td><td>36</td><td>46</td><td>GRAY CLAY</td><td> </td><td> </td></tr><tr><td colspan="6">FILLED HOLE WITH BENTONITE - PULLED CASING - LESS THAN 1 GPM</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	6	0	2	TOPSOIL - SAND			2	2	30	CLAY			30	30	36	SAND - FINE - CLAY			31	36	46	GRAY CLAY			FILLED HOLE WITH BENTONITE - PULLED CASING - LESS THAN 1 GPM					
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____	RECEIVED AUG 19 1991 Department of Water Resources																																								
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>1.250 inches</td><td>1 inches</td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> Well screen installed? ☒ Yes ☐ No Manufacturer's name <u>PULLED SCREEN</u> Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____		Thickness	Diameter	From	To	1.250 inches	1 inches															Number	From	To																	
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6. LOCATION OF WELL Sketch map location must agree with written location. Subdivision Name <u>COOT.</u> Lot No. <u>7</u> Block No. _____ County <u>BONNER</u> 1/4 Sec. <u>32</u> , T. <u>56</u> N., R. <u>4</u> W.																																									
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>WOODS WELL DRILLING</u> Firm No. <u>389</u> Address <u>421383 NEWPORT RD. COLBERT WA 99005</u> Date <u>7/18/91</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) _____																																									