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DEPARTMENT OF
WATER RESOURCES

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 COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 92-11143
Date Received:
Receipt No:
Claim Fee: \$2500
Received By: _____

**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)

RANDY J FLODIN
PO BOX 213
SANTA ID 83866

Phone: (208) 245-4555

AND/OR

TRACY J FLODIN
PO BOX 213
SANTA ID 83866

Phone: (208) 245-4555

2. Date of Priority: 12/31/2017

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
44N	01W	22	SW NW		BENEWAH	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME

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 BENEWAH County

Township	Range	Section	¼	of	¼	Lot	Acres
44N	01W	22	SW		NW		

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: n/a

12. Remarks:

Priority Date Explanation:

YEAR BUILT PER BENEWAH COUNTY RECORDS. WELL FIRST USED DURING CONSTRUCTION OF HOME AND SHOP UNTIL HOME COMPLETED.

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 COEUR D'ALENE-SPOKANE 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: 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):


Tracy J. Hodin

Date: 11-17-23

Date: 11/17/2023

Identify

Identify from: Tax Parcels

[-] Tax Parcels
 [-] FLODIN, RANDY J; FLODIN, TRACY J

Location: 2,313,793.515 1,774,670.090 Meters

Field	Value
ID	15542454
UPDATED	6/2/2023
PIN	RP44N01W224851
OWNER	FLODIN, RANDY J; FLODIN, TRACY J
ADDRESS1	PO BOX 213
ADDRESS2	
CITY	SANTA
STATE	ID
ZIPCODE	83866
P_ADDRESS	373 TYSON CREEK ROAD
P_ZIPCODE	83866
SUB_NAME	
LEGAL1	S22 T44N R1W TAX #1628 (PT S2NW LYING W OF CO RD) TRACT 1
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	20
COUNTY	Benewah
SOURCE	<null>
YEAR_BUILT	2017
ParcelCount	1
SHAPE	Polygon

Identified 1 feature

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

OFFICE USE ONLY

Inspected by GPS
44N 01W 22 SW 1/4 NW
Twp. Rge. Sec.

1. WELL TAG NO. 0072355

Drilling Permit No. 881131

Water right or injection well # _____

2. OWNER:

Name Randy & Tracy Flodin

Address 145 S Bentley Place

City Post Falls State ID Zip 83854

3. WELL LOCATION:

Twp. 44 North ☒ or South ☐ Rge. 01 East ☐ or West ☒

Sec. 22 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County Benevolence

Lat. N47° 08.820 (Deg. and Decimal minutes)

Long. W116° 27.263 (Deg. and Decimal minutes)

Address of Well Site 373 Tyson Creek Rd

City Santa

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 Chips	0	145	4,000/lb	Pour In

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	0	220	.250	Steel	☒	☐	☒
4"	220	300	5d-40	PVC	☐	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 220'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Saw Cut

Manufactured screen ☐ Y ☐ N Type _____

Method of Installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
240	280	160		4"	PVC	5d-40

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 _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 260' Static water level (ft) 160'

Water temp. (°F) 50.9 Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>260'</u>	<u>50 gpm</u>	<u>2 hrs</u>

Test method:

Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: great water quality

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	3	Topsoil		☒
	3	38	Brown/Tan Clay		☒
	38	60	Hard Basalt		☒
	60	110	Hard Basalt		☒
	110	140	Med Hard Basalt		☒
	140	145	Med Hard Basalt		☒
6"	145	160	Gray Sandy Clay		☒
	160	200	Gray Sandy Clay		☒
	200	210	Brown Sandy Silt		☒
	210	217	Black Clay		☒
	217	230	Hard Basalt		☒
	230	260	Hard Basalt		☒
	260	280	Hard Broken Basalt	☒	☒
	280	300	Hard Basalt		☒

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OCT 10 2016

IDWR / NORTH

Completed Depth (Measurable): 300'

Date Started: 9-19-16

Date Completed: 9-30-16

14. DRILLER'S CERTIFICATION:

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

Company Name Tony Moore Well Drilling Co. No. 634

*Principal Driller Tony Moore Date 10-5-16

*Driller Tony Moore Date 10-5-16

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.