

OCT 18 2024

DEPARTMENT OF
WATER RESOURCES

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

DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

JUN 24 2024

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

Urn
Clerk

Deputy Clerk

**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: 95-18579

Date Received: 10-18-24

Receipt No: C119119

Claim Fee: 25. By: [Signature]

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) Stephens Trust, Marsha L Stephens - Trustee Phone (425) 275-3393
- Mailing address PO BOX 1463 Spirit Lake ID 83869
Street or Box City State
- Email address (optional) retired5216@gmail.com
2. Date of priority: (Only one per claim) 12/31/2017 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) D0069885
which is tributary to (b) N/A
4. Location of point of diversion is: Township 54N, Range 04W, Section 19,
NE 1/4 of NE 1/4, or Govt. Lot - BM, County of BONNER
- Parcel no. RP012410010030A
- Additional points of diversion, if any: N/A
- If available, GPS coordinates: -116 52.539, 48 01.195
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.
- In well 2 hp pump diverting to home, lawn, & garden watering. 6 inch well, 300ft depth.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
- For DOMESTIC purposes from 01/01 to 12/31 amount 0.04
Month/Day Month/Day cfs (✓) or AFY ()
- For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 Home, lawn & garden watering up to 1/2 acre.

9. Location of place of use is: Township 54N, Range 04W, Section 19,
NE 1/4 of NE 1/4, Govt. Lot - BM, Parcel no. same as Item 4
If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any parcel extends into other QQ/Q & Section, but development only occurs as filed

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.

None or None (✓)

13. Remarks (include an explanation of the priority date selected):

Well completed 1/27/2016 and connected to home in summer of 2017. County taxes first assessed in 2017.

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: N/A

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) Mark Sepp, TRUSTEE Date: 6/18/24

Date: _____

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

Agent's title (Please print) _____ of _____
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 _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0069885

Drilling Permit No. 877780
Water right or Injection well # _____

2. OWNER:

Name Marsha Stephens
Address 6810 185th S.E.
City Snohomish State WA Zip 98796

3. WELL LOCATION:

Twp. 54 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 19 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County Bonner
Lat. 48 01.195 (Deg. and Decimal minutes)
Long. 116 52.539 (Deg. and Decimal minutes)
Address of Well Site 149 Pine Grove Rd

City Spirit Lake
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	38	1000 lbs.	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6	+2	300	.250	Steel	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring @ 300'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
280	300	1/4x1	12	6	Steel	.250

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
NA				

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) 200 Static water level (ft) 200
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port Steel Welded Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
300	50 gpm	240

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

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
12	0	20	Fine Sand		X
12	20	38	Sand and Gravel		X
8	38	200	Sand and Gravel		X
8	200	276	Sand and Gravel	X	
8	276	278	Green Hard Clay		X
8	278	300	Gravel and Sand	X	
			We recommend installing the pump above the perforations.		

RECEIVED

JAN 28 2016

IDWR / NORTH

Completed Depth (Measurable) 300'

Date Started: Jan 25, 2016

Date Completed: Jan 27, 2016

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 Horsley Drilling, Inc.

Co. No. 632

*Principal Driller Mark Horsley Date Jan 28, 2016

*Driller Zach Horsley Date Jan 28, 2016

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

Idaho Department of Water Resources Receipt

Receipt ID: C119119

Payment Amount	\$25.00	Date Received	10/18/2024	Region	STATE
Payment Type	Check	Check Number	8222		
Payer	STEPHENS, MARSHA				
Comments	NOTICE OF CLAIM TO A WATER RIGHT 95-18579				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155



Signature Line (Department Representative)