

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

RECEIVED

APR 21 2025

DEPT. OF WATER RESOURCES

By _____
CIVIL CASE NUMBER: 49576 Clerk
Deputy Clerk

Ident. Number: 95-18478
Date Received: 4.21.25
Receipt No: C120885
Claim Fee: \$25.00
Received By: KM

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)

BRANDON GARDOM
PO BOX 986
SPIRIT LAKE ID 83869

Phone: (208) 660-8557

AND/OR

LISA GARDOM
PO BOX 986
SPIRIT LAKE ID 83869

Phone: (208) 660-8557

2. Date of Priority: 3/12/2021

3. Source: GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
53N	04W	9	SW SW		KOOTENAI	

5. Description of diverting works:

WELL WITH PUMP AND PIPE TO PLACE OF USE.

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.

SCANNED

APR 21 2025

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME.

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
53N	04W	9	SW		SW		

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:

12. Remarks:

Priority Date Explanation:

DATE WELL COMPLETED PER WELL DRILLERS REPORT AND WATER FIRST PUT TO BENEFICIAL USE.

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: 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):

Lisa Deo

Date:

12/26/2024

Date:

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0088010

Drilling Permit No. 697819
Water right or injection well # _____

2. OWNER:

Name Timberland Construction Services LLC
Address 31391 North Spitfire Street
City Spirit Lake State ID Zip 83869

3. WELL LOCATION:

Twp. 53 North ☒ or South ☐ Rge. 04 East ☐ or West ☒
Sec. 9 1/4 SW 1/4 SW 1/4

Gov't Lot _____ County Kootenai
Lat. 47 ° 56.898 (Deg. and Decimal minutes)
Long. 116 ° 50.9316 (Deg. and Decimal minutes)
Address of Well Site NKA Hwy 54

(Give at least name of road + distance to head or landmark)
City Spirit Lake
Lot. 1 Blk. _____ Sub. Name Spirit Lake East

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 ft³)	Placement method/procedure
Bentonite Chips	0	18	650 lbs	Dry Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	640	.250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring Bit @ 640'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforated

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
620	640	1/4x1	9	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 ft³)	Placement method
N/A				

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) 570 Static water level (ft) 570
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port Welded Steel Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
N/A	30+ 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	Sand & Gravel		X
8	20	570	Sand & Gravel		X
8	570	640	Sand & Gravel	X	

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MAR 19 2021

IDWR/NORTH

Completed Depth (Measurable): 640'

Date Started: 03/10/2021

Date Completed: 03/12/2021

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 C. Mark Horsley Date 03/12/2021

*Driller [Signature] Date 03/12/2021

*Operator II _____ Date _____

Operator I Josh Roberge Date 3/12/2021

* Signature of Principal Driller and rig operator are required.

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DEPT. OF WATER RESOURCES

SNAKE RIVER BASIN ADJUDICATION (SRBA)
DISTRICT COURT OF THE STATE OF IDAHO
PO BOX 2707
253 3RD AVENUE NORTH
TWIN FALLS, IDAHO 83303-2707
1-208-736-3011

1-06-2025

***** RECEIPT # 3599

RECEIVED FROM: LISA GARDOM

FOR: MOTN LATE CLAIM	95-18478	TYPE OF PAYMENT
AMOUNT PAID:	25.00	CHECK: 25.00 2791
		CASH: .00
		COIN: .00
AMOUNT RETURNED:	.00	CHARGED: .00

ISSUED BY: JMC

HELD: HOLD PENDING HEARING ON MOTN FOR LATE CLAIM

Idaho Department of Water Resources Receipt

Receipt ID: C120885

Payment Amount \$25.00 Date Received 4/21/2025 Region STATE

Payment Type Check Check Number 2791

Payer GARDOM, BRANDON AND LISA

Comments NOTICE OF CLAIM TO A WATER RIGHT
CIVIL CASE NUMBER # 39576
FOR: BRANDON AND/OR LISA GARDOM
WR CLAIM OR PARCEL # 95-18478
FOR: SRBA
THE SNAKE RIVER BASIN WATER BASIN

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	SRBA CLAIM FILING FEE	41503	0337			1155

KM

Signature Line (Department Representative)