

MAR 02 2023

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

By _____ Clerk
CIVIL CASE NUMBER: 49576 Deputy Clerk

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

Ident. Number: 95-18425
Date Received: 2/22/2023
Receipt No: C116610
Claim Fee: \$25.00
Received By: MU

RECEIVED

JUN 23 2023
DEPARTMENT OF
WATER RESOURCES

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)

BRETT M ALLEN
PO BOX 42
ATHOL ID 83801

Phone: (253) 951-7463

AND/OR

EMILCE ALLEN
PO BOX 42
ATHOL ID 83801

Phone:

2. Date of Priority: 6/30/2008

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
53N	04W	2	NW SE		KOOTENAI	

5. Description of diverting works:

WELL WITH PUMP 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 KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
53N	04W	2	NW		SE		

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 WAS PLACED INTO SERVICE

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):

Raymond

Date:

2-22-23

Date:

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. DRILLING PERMIT NO. 851988

Other IDWR No. D0054244

2. OWNER:

Name Ron Hart

Address 6848 N. Gov't Way Ste 114-69

City Dalton Gardens State ID Zip 83815

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location
N



Twp. 53 North ☒ or South ☐

Rge. 4 East ☐ or West ☒

Sec. 2 1/4 NW 1/4 SE 1/4
10 acres 40 acres 160 acres

S

Gov't lot _____ County Kootenai

Lat: _____ Long: _____

Address of Well Site at the end of Ruttle Road
on the left City Athol

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ 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	Sacks or Pounds	
Bentonite	0	19	300#	Dry granular

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	558	.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
50+			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: Cold and clear

Depth first Water Encountered 549'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.	Y	N
10"	0	1	Topsoil	☒	☒
	1	8	Gravel, silt, sand	☒	☒
	8	15	Gravel, cobbles	☒	☒
	15	18	Gravel, sand, coarse	☒	☒
8"	18	35	Gravel, sand, coarse	☒	☒
	35	116	Cobbles, gravel	☒	☒
	116	143	Gravel, cobbles	☒	☒
	143	190	Gravel, sand	☒	☒
	190	246	Sand, gravel	☒	☒
	246	247	Boulder	☒	☒
	247	285	Gravel, coarse	☒	☒
	285	311	Sand, medium	☒	☒
	311	366	Sand, silt, tan	☒	☒
	366	379	Gravel, sand, silt	☒	☒
	379	393	Gravel, sand, coarse	☒	☒
	393	436	Gravel, coarse	☒	☒
	436	451	Gravel, sand	☒	☒
	451	485	Gravel, coarse	☒	☒
	485	499	Gravel, cobbles	☒	☒
	499	535	Gravel, coarse, sand	☒	☒
	535	549	Gravel, sand	☒	☒
	549	560	Gravel, coarse	☒	☒

Completed Depth: 553 (Measurable)

Date: Started 06/25/08 Completed 06/30/08

13. DRILLER'S CERTIFICATION

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

Firm Name McCarty Drilling & Pump Inc

Firm No. 586

Firm Official [Signature]

Date 7-24-08

Supervisor or Operator _____

(Sign once if Firm Official & Operator)

Date _____

Date: 7/24/2008 Time: 11:05:10 AM

53N 04W 02

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

In Re CSRBA

Case No. 49576

Subcase

95-18425

(Insert water right number)

STANDARD FORM 4

MOTION TO FILE A LATE NOTICE OF
CLAIM

INSTRUCTIONS

This form is used to file a late Notice of Claim in a reporting area where the Director's Report has been filed. Forms may be obtained from the CSRBA Court, the Idaho Department of Water Resources (IDWR), or you may copy or reproduce this blank form.

The water right number for your late Notice of Claim must be indicated above in the blank space following "Subcase." To obtain your water right number, contact the Idaho Department of Water Resources. You must use a **separate form for each** late Notice of Claim.

By filing a Motion to File a Late Notice Claim, you certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.



I have read *CSRBA Administrative Order 1*, Rules of Procedure.

My name is BRETT M. ALLEN

My address is 333 P O Box 412 ATHOL ID 83801

My phone number is: work _____ Home 253-951-7468

☐ I am an attorney representing _____

My name is _____

My address is _____

My phone number is _____

☒ I did not file a Notice of Claim to the use of water in the CSRBA because:

NOTICE WAS NOT RECEIVED.

☐ I filed a Notice of Claim and elected to defer judicial proceedings on my domestic or stock watering use. I desire to reinstate my Notice of Claim for domestic or stock watering use.

☐ I am providing legal and factual documentation for my claimed use of water. You must describe these documents and attach a readable copy. (You do not need to fill this out if you are reinstating a Notice of Claim for domestic or stock watering use, but you must attach a copy of your Notice of Claim.)

A Motion to File Late Notice of Claim will require a hearing before the Presiding Judge.

Follow these instructions regarding the hearing on the motion.

1. Contact the Clerk of the CSRBA Court at (208) 736-3011 to request a hearing date and time.
2. Fill in the following information:

This motion will be heard on May 16, 2023 @ 1:30 PT
(insert date and time)
at the CSRBA Courthouse, 253 Third Avenue North, Twin Falls, Idaho.

I have attached:

- ☒ A fully completed Notice of Claim (available from IDWR).
- ☒ A claim filing fee for a domestic and stock watering use. IDWR may charge this fee pursuant to I.C. §42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ 25⁰⁰ ~~xx~~.
- ☐ A claim filing fee and a late claim fee for those claims other than domestic or stock watering use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____.

T. Batt m. ell
(Signature of person filing motion)

(Attorney signing in representative capacity)

INSTRUCTIONS FOR MAILING

You must mail the Motion, to the Clerk of the court. **FAX filings will not be accepted.**
You must also send a copy to all the parties listed below in the Certificate of Mailing.

CERTIFICATE OF MAILING

I certify that on 2-28, 2028 I mailed the original and copies of this Motion, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court
Coeur d'Alene-Spokane River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

United States Department of Justice
Environment & Nat'l Resources Div
550 W Fort Street, MSC 033
Boise, ID 83724

Chief, Natural Resources Division
Office of Attorney General
State of Idaho
PO Box 83720
Boise, ID 83720-0010



Signature of Movant or attorney
mailing on Movant's behalf