

1028

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

RECEIVED

AUG 18 2023

DEPARTMENT OF
WATER RESOURCES

Ident. Number: 95-18450
Date Received: 4/27/2023 8.18.23
Receipt No: 8 116918
Claim Fee: \$25.00
Received By: Lu

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)

HOLLY BELIVEAU-HUBBARD
PO BOX 2531
COEUR D ALENE ID 83816

Phone: (208) 661-9514

AND/OR

JESSE HUBBARD
PO BOX 2531
COEUR D ALENE ID 83816

Phone:

2. Date of Priority: 9/1/2019

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	03W	26	SE SW		BONNER	

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	0.02		

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	03W	26	SE		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 WAS PLACED INTO SERVICE. POD ON RP013580000030A, AND POU ON RP013580000040A

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):

Holly Beliveau-Hubbard Date: 4/28/23

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0057305

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

2. OWNER

Name **Charles Hubbard**
Address **67 Mountain Ash**
City **Sagle** State **ID** Zip **83860**

3. WELL LOCATION:

Twp. **54** North ☒ or South ☐ Rge. **3** East ☐ or West ☒
Sec. **26** 1/4 **SE** 1/4 **SW** 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County **Bonner**
Lat. **47 ° 59.617** (Deg. and Decimal minutes)
Long. **116 ° 39.965** (Deg. and Decimal minutes)
Address of Well Site **Old House Road**

City **Athol**

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

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ 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
Granular Bentonite	0	45	1350	Dry Pour
Bentonite Grout	95	108	2 Ft³	Cementing Plug

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	108	.250	Steel	☒	☐	☐	☒
4	-20	680	.200	PVC	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method **Drilled 3/8" holes**

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
640	680	3/8"	120	4	PVC	.200

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
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device **Steel Cap Welded**

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) **528** Static water level (ft) **185**

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

Describe access port **3/4" Plug**

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	5	1 Hour	☐	☐	☒	☐

Water Quality test or comments: **Clear, Cold, No Smell**

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	1	Top soil		X
12	1	45	Sand and gravels coarse		X
8	45	64	Sand and gravels coarse		X
8	64	93	Sand and gravels fine		X
8	93	100	Granite decomposed brown/white soft		X
8	100	108	Granite black/white medium		X
6	108	260	Granite black/white/brown medium		X
6	260	380	Granite white/black/green medium		X
6	380	528	Granite black/white/brown medium	X	
6	528	680	Granite black/white/green	X	
			1 GPM @ 528 FT		
			4 GPM @ 662 FT		

SCANNED

RECEIVED

MAR 11 2010

JAN 04 2010

IDWR / NORTH

UNITED CROWN
PUMP & DRILLING

3125 W. Hayden Ave. Hayden ID 83835
Office (800) 682-9641 (208) 772-7867

Completed Depth (Measurable)

680 FT

Date: Started **12-02-09**

Completed **12-08-09**

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 **United Crown Pump & Drilling** Co. No. **636**

*Principal Driller **Jason Beckham** Date **12-09-09**

*Driller _____ Date **12-9-09**

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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MAY 01 2023
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 CSRBA

Case No. 49576

Subcase

95-18450

(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 Holly Beliveau-Hubbard
My address is PO BOX 2531
Coeur D Alene, ID 83816
My phone number is: work _____ Home 208-661-9514

☐ 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:

I didn't know I needed to

☐ 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 July 18th at 1:30pm pacific
(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 \$ 25.00.



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 \$ _____.

Holly Beliveau-Hubland
(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 April 28th, 2023, I mailed the original and copies of this Motion, including all attachments, to the following persons:

1. Original to:

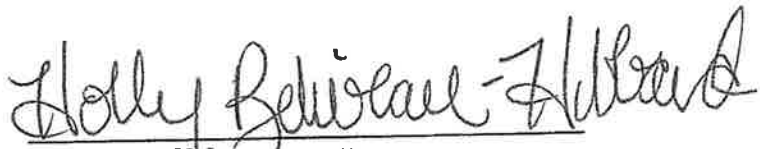
Clerk of the District Court
Coeur d'Alene-Spokane River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

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