

JUN 20 2023

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

By

CIVIL CASE NUMBER: 49576

Clerk

Deputy Clerk

Ident. Number: 95-18468

Date Received: 6/9/2023

Receipt No:

Claim Fee:

Received By:

\$25.00

C117072

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RECEIVED

SEP 22 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)

CLANCEY SODERBECK
12363 E TROUT POND RD
ATHOL ID 83801

Phone: (208) 819-5565

2. Date of Priority: 6/13/2022

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
53N	02W	31	NE SE		BONNER	

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.

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	02W	31	NE		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 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: 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):  Date: 6-12-23

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0094133

Drilling Permit No. 905510
Water right or injection well # 1

2. OWNER

Name SSS Properties
Address 23003 West Highway 53
City Post Falls State ID Zip 83854

3. WELL LOCATION:

Twp. 53 North ☒ or South ☐ Rge. 02w East ☐ or West ☒
Sec. 31 1/4 NE 1/4 SE 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Kootenai

Lat. 47 ° 53.588 (Deg. and Decimal minutes)

Long. -116 ° 37.021 (Deg. and Decimal minutes)

Second Driveway on right on East Trout Pond

Address of Well Site Road

City Athol

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 ft ³)	Placement method/procedure
<u>Bentonite</u>	<u>0</u>	<u>60</u>	<u>1300lbs</u>	<u>Dry Pour</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6</u>	<u>2</u>	<u>138</u>	<u>.250</u>	<u>Steel</u>	☒	☐	☐	☒
<u>4</u>	<u>20</u>	<u>300</u>	<u>40</u>	<u>PVC</u>	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 138

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>260</u>	<u>300</u>	<u>3/8rnd</u>	<u>120</u>	<u>4</u>	<u>PVC</u>	<u>Sch40</u>

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 Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 130 Static water level (ft) 130

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

Describe access port 1 1/4 Plug

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
<u>N/A</u>	<u>12</u>	<u>60</u>	☐	☐	☒	☐

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
<u>10</u>	<u>0</u>	<u>10</u>	<u>Sand Brown</u>		☒
<u>10</u>	<u>10</u>	<u>40</u>	<u>Decomposed granite black, white, brown with brown clay</u>		☒
			<u>decomposed granite, black, white, brown with brown clay</u>		☒
<u>8</u>	<u>40</u>	<u>100</u>	<u>decomposed granite black, white, brown</u>	☒	
<u>8</u>	<u>100</u>	<u>130</u>	<u>decomposed granite black, white, brown</u>	☒	
<u>8</u>	<u>130</u>	<u>138</u>	<u>decomposed granite black, white, brown pink, firm</u>		☒
<u>6</u>	<u>138</u>	<u>200</u>	<u>granite, black, brown, white, pink, med</u>		☒
<u>6</u>	<u>200</u>	<u>220</u>	<u>granite, black, white, brown, pink, med</u>		☒
<u>6</u>	<u>220</u>	<u>300</u>	<u>granite, black, white, blue, green, pink med</u>	☒	

RECEIVED

AUG 8 2022

IDAHO / NORTH

UNITED CROWN
PUMP & DRILLING

3125 W Hayden Ave. Hayden ID 83835
Office (800) 682-0641 (208) 772-5867

Completed Depth (Measurable) 300

Date: Started 6/07/2022 Completed 6/10/2022

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 and Drilling Co. No. 636

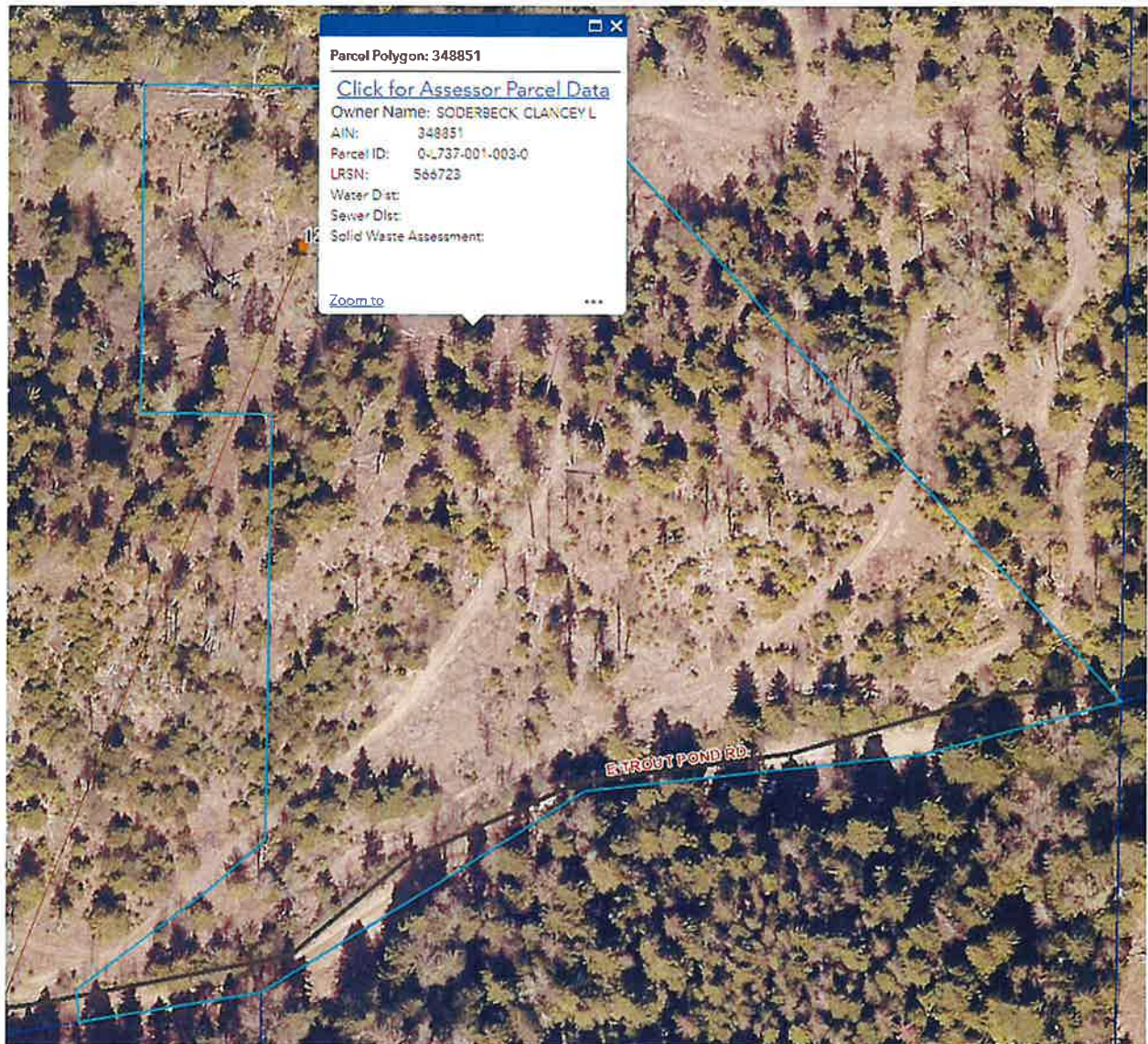
*Principal Driller [Signature] Date 6/13/2022

*Driller _____ Date 6/13/2022

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.



Parcel Polygon: 348851

[Click for Assessor Parcel Data](#)

Owner Name: SODERBECK CLANCEY L

AIN: 348851

Parcel ID: 0-4737-001-003-0

LRSN: 566723

Water Dist:

Sewer Dist:

Solid Waste Assessment:

[Zoom to](#)

...

E. TROUT POND RD.

My name is Clancey Soderbeck

My address is 12363 E Trout Pond Rd
Afton ID 83801

My phone number is: work 208-773-3302 Home 208-819-5565

☐ 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:

Well did not exist before 2008

☐ 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 September 19, 2023
(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 \$ _____.

(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 10-16, 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