

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

DISTRICT COURT - CSRBA	
Fifth Judicial District	
County of Twin Falls - State of Idaho	
JUL 24 2023	
CIVIL CASE NUMBER: 49576	By <u>Jc</u> Clerk
	Deputy Clerk

Ident. Number: 95-18482
Date Received: 7/14/2023
Receipt No: C117190
Claim Fee: \$25.00
Received By: Ku

RECEIVED

OCT 19 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)

MICHAEL J BURKE AND ANNAMARIA L
BURKE FAMILY TRUST DATED MAY 25 2020
13502 S WHISTLE RD
HARRISON ID 83833

Phone: (949) 735-0373

2. Date of Priority: 9/23/2022

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
49N	03W	30	NW NE		KOOTENAI	

5. Description of diverting works:

WELL WITH PUMP, CISTERN, 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	0.02		

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 KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
49N	03W	30	NW		NE		

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 AND WATER FIRST PUT TO BENEFICIAL USE. WELL FRACTURED IN SEPTEMBER TO PRUDUCE MORE WATER. TOTAL PRODUCTION RATE NOW AT 4.8GPM

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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

Trustee of Michael J Burke and Annamaria L Burke Family Trust Dated May 25, 2020
Agents Title (please print) Name of Organization (please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Annamaria L Burke Date 7-14-23

Printed Name of Authorized Agent Annamaria L Burke

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0094249

Drilling Permit No. 907628
Water right or injection well # _____

2. OWNER:

Name Mike Burke
Address 28513 Redwood Canyon Place
City Santa Clarita State CA Zip 91390

3. WELL LOCATION:

Twp. 49 North ☒ or South ☐ Rge. 03 East ☐ or West ☒
Sec. 30 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County Kootenai
Lat. 47 ° 34.0148N (Deg. and Decimal minutes)
Long. 116 ° 46.4635W (Deg. and Decimal minutes)
Address of Well Site NKA Whistle Road
City Harrison

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	1500 lbs	Dry Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	380	.250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring Bit @ 380'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____
Manufactured screen ☐ Y ☒ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-----------	---------	-----------	-----------	--------------------	----------	-------------------

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filler Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	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) ☒ Static water level (ft) ☒
Water temp. (°F) ☒ Bottom hole temp. (°F) ☒
Describe access port Welded Steel Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
N/A	0 gpm	N/A

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	30	Brown Clay		X
12	30	40	Brown Clay & Basalt		X
8.5	40	65	Gravel & Basalt		X
8	65	110	Yellow Clay		X
8	110	170	Soft Basalt		X
8	170	210	Yellow Clay		X
8	210	270	Sand & Clay		X
8	270	295	Brown Clay		X
8	295	380	Hard Basalt		X
			*Might deepen later		
			*There was a trace of silty wet clay at 240'		

Completed Depth (Measurable): 380'

Date Started: 08/29/2022 Date Completed: 08/31/2022

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 Horsley Drilling, Inc. Co. No. 632
Principal Driller C. Mark Horsley Date 08/31/2022
Driller [Signature] Date 08/31/2022
Operator II _____ Date _____
Operator I Matthew Tousignant Date 08/31/2022

* Signature of Principal Driller and rig operator are required

DEPARTMENT OF
WATER RESOURCES

My name is Annamaria L Burke

My address is 13502 SW Hinkle Road
Harrison ID 83833

My phone number is: work 949 735-0373 Home 661 644-8144

☐ 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:

water was not put to beneficial use
until after general adjudication was
completed

☐ 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 October 17th 1:30 PM
(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 7-17, 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