



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

August 24, 2026

TIM SWILLEY
102 REBEL WAY
BONNERS FERRY ID 83805

RE: Kootenai River Basin Adjudication (KRBA) Notice of Claim
Withdrawal of Application for Permit 98-8192

Dear Mr. Swilley,

I was notified by Spencer Humphrey that he was recently in contact with you concerning an application for permit which you submitted through IDWR's online filing application. My understanding is that you accidentally filed "**Application for Permit**" 98-8192, when your intent was to file a **Notice of Claim** in the Kootenai River Basin Adjudication. If this is the case, then you will need to withdraw your application for permit and submit a completed Notice of Claim form.

I have enclosed the following documents:

- 1) Partially completed Notice of Claim to a Water Right No. 98-8192

For your convenience, I have enclosed a Notice of Claim to a Water Right form that has been partially completed utilizing the information you provided online in addition to tax parcel data. You will need to complete the following sections before signing and retuning the claim:

Item 2: Date of Priority

You will need to fill in the Priority Date. The priority date is the date that water was first used for the purposes claimed.

Item 14. Docket Sheet Question:

The docket sheet is a monthly summary of all the documents filed with the court in the previous month, and the dates and locations of hearings set for the following three months. You can get a copy of a docket sheet for the cost of mailing and/or copying, or you can get a subscription to receive the docket sheet each month. You can access the docket sheet for FREE at: http://www.srba.idaho.gov/KRBA_DCKT.HTM

- 2) "*Request For Withdrawal of Application For Permit With Filing Fees Applied To Notice Of Claim*" form:

I have also enclosed a Request for Withdrawal of your application for permit. Here you can request that filing fees paid under the application for permit be applied to your notice of claim. Claim fees are based on what water uses are claimed, however, based on the information in the

application for permit, your claim fees are \$25.00. Any refunds will be processed after receiving the new claim and the completed Request for Withdrawal.

- 3) *"How you will Receive Notices in the Kootenai River Basin Adjudication"*
- 4) Copy of Receipt #T127959

Please return the completed Notice of Claim and Request for Withdrawal form to:

IDWR
7600 N MINERAL DR. STE 100
COEUR D'ALENE ID, 83815-7763

OR

IDWR
ATTN: ADJUDICATION
PO BOX 83720
BOISE ID, 83720-0098

Please feel free to contact me if you have any questions.

Best Regards,



Evan W. Roda
Water Resources Supervisor – Northern Region
Idaho Department of Water Resources
evan.roda@idwr.idaho.gov
(208) 762-2815

**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 KOOTNENAI RIVER BASIN WATER
SYSTEM

CIVIL CASE NUMBER: 89576

Ident. Number: 98-8192
Date Received:
Receipt No: T127959
Claim Fee: \$25.00
Received By: _____

**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)

TIM SWILLEY
102 REBEL WAY
BONNERS FERRY ID 83805

Phone: (208) 255-8656

2. Date of Priority: _____

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
63N	01E	22	NW NE		BOUNDARY	

5. Description of diverting works:

ground water with pump

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1 /1	12/31	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

agriculture, household and animals

9. Place of use:

DOMESTIC within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
63N	01E	22	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:

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 KOOTNENAI River Basin Adjudication." (b.) I/We do _____ do not _____ 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: _____

_____ Date: _____

Identify

Identify from:

Parcels

Parcels

SWILLEY, TIMOTHY B

Location:

2,329,763.527 1,958,356.500 Meters

Field	Value
ID	19337066
UPDATED	4/7/2026
PIN	RP63N01E220750A
OWNER	SWILLEY, TIMOTHY B
ADDRESS1	102 REBEL WAY
ADDRESS2	
CITY	BONNERS FERRY
STATE	ID
ZIPCODE	83805
P_ADDRESS	102 REBEL WY
P_ZIPCODE	83805
SUB_NAME	
LEGAL1	W2NW4NE4 LESS R/W
LEGAL2	SEC 22 T63N R1E
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	
ACRES	20
COUNTY	Boundary
SOURCE	<null>
YEAR_BUILT	2005

Identified 1 feature

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Identify

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0033585 RECEIVED
 DRILLING PERMIT NO. 712742
 Water Right or Injection Well No. MAY 07 2004

2. OWNER: IDWR/North
Name Swilley, Timothy B.
Address HC 60 Box 2600
City Connors Ferry State ID Zip 83805

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 63 North ☒ or South ☐
Rge. 1 East ☒ or West ☐
Sec. 22 1/4 NW 1/4 NE 1/4
Gov't Lot _____
County Boundary

Lat: : : Long: : :
Address of Well Site Same as Above
Mile Post 515 Hwy 95 N City Conners Ferry
(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

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 Material	From	To	Weight	Volume	Seal Placement Method
casing seal Bentonite	0	30'	350 lbs		over bore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 232'
Was drive shoe seal tested? ☒ Y ☐ N How? air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	232	.250	steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method None
Screen Type & Method of Installation None

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

87 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____
Bolted well cap

3N 1E 22

Office Use Only

Well ID No. _____

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat: : : Long: : :

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20			

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: looks clear + Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth 277' (Measurable)

Date: Started 4-8-04 Completed 4-9-04

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 AQUA DRILLING & EXPLOATION INC Firm No. 163

Principal Driller Scott N. Brannen Date _____
and
Driller or Operator II Scott N. Brannen Date 4-9-04

Operator I _____ Date _____

Principal Driller and Rig Operator *Required*.
Operator I must have signature of Driller/Operator II.