

**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 KOOTENAI RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 89576

Ident. Number 98-4017

Date Received: 9/23/2026

Receipt No: **N046536**
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SEP 23 2026

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ASHLEY YOUSLING	PO BOX 1067	BONNERS FERRY	ID	UNITED STATES	83805
FRANCIS DANIELEK	PO BOX 1067	BONNERS FERRY	ID	UNITED STATES	83805
VALORIE DANIELEK	PO BOX 1067	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
9/1/1968	

3. Source:

Source	Tributary
GROUND WATER	
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
63N	02E	20		SW	NW	BOUNDARY		original well.
63N	02E	20		SW	NW	BOUNDARY		Main well, drilled in 2015 since original well low producing

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Number of Stock	Description
DOMESTIC	1			1 home, garden, and yurt

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.03		

Totals

CFS	AF	KW
0.03		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
63N	02E	20	SW	NW	BOUNDARY		



9. Remarks:

10. Other Water Rights:

n/a

11. Basis:

Basis
Statutory Claim

12. 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 Kootenai River Basin Water System 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: _____

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): Halorie Daniel Date: 9/23/26

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name

EVIDENCE OF PRIORITY - 98-4017

Form 238-7
6/17

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 00069437
Drilling Permit No. 876071
Water right or injection well # _____
2. OWNER: Erannies Darnall
Name Erannies Darnall
Address 5692 Meadow Creek Rd
City Bonanza Ferry State Id Zip 83805

3. WELL LOCATION:
Twp. 63 North ☒ or South ☐ Rge 02 East ☒ or West ☐
Sec. 20 ☒ 1/4 ☐ 2/4 ☐ 3/4 ☐ 4/4
Govt Lot _____ County Burley
Lat. 48 ° 48.0000 (Deg and Decimal minutes)
Long. 116 ° 14.539 (Deg and Decimal minutes)
Address of Well Site 5692 Meadow Creek Rd
City Bonanza Ferry

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 Portabond From (ft) 0 To (ft) 38 Quantity (lbs or ft) 150lbs Placement method/procedure Flow

8. CASING/LINER:
Diameter (nominal) From (ft) To (ft) Gauge Schedule Material Casing Liner Threaded Welded
6 -2 40 25 Steel ☒ ☐ ☐ ☐
4 10 300 20 plastic ☐ ☒ ☐ ☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40

9. PERFORATIONS/SCREENS:
Perforations ☒ Y ☐ N Method Saw
Manufactured screen ☐ Y ☐ N Type _____
Method of installation _____

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

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

10. FILTER PACK:
Filter Material From (ft) To (ft) Quantity (lbs or ft) Placement method

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device Well cap

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 150 Static water level (ft) 40
Water temp (°F) Cold Bottom hole temp (°F) Cold
Describe access port Well cap
Well test:
Drawdown (feet) Discharge or well (gpm) Test duration (minutes)
300 1gpm Hours
Test method:
Pump ☒ Baler ☐ Air ☐ Flowing ☐

Water quality test or comments: good

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
10	0	38			X
6	0	20	Large Boulders, cobbles, gravel		X
6	20	40	clay, gravel, coarse		X
6	40	150	Soft Granite, cracks, 1gpm		X
6	150	300	Soft Granite, cracks, 1gpm		X
6	300	400	Mottled, Soft, Granite, Very Soft 10gpm		V
			Well collapsed at 300		
			Line stopped at 300		
			Hole went to 420		

Completed Depth (Measurable) 300
Date Started July 9-15 Date Completed July 13-15

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 Lipson Drilling Co. No. 650
*Principal Driller [Signature] Date Dec 5-15
*Driller [Signature] Date Dec 5-15
*Operator II [Signature] Date Dec 5-15
Operator I _____ Date _____
*Signature of Principal Driller and rig operator are required.

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