

JUN 30 2026

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 ^{DA}
Deputy Clerk

Ident. Number: 95-18779
Date Received:
Receipt No:
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)

WINZOR L BOLTON
16828 E PERIMETER RD
ATHOL ID 83801

Phone:

AND/OR

ANGELA L BOLTON
16828 E PERIMETER RD
ATHOL ID 83801

Phone:

2. Date of Priority: 9/15/2021

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	02W	32	NW SW		KOOTENAI	

5. Description of diverting works:

SHARED WELL, PUMPED TO CISTERN, THEN PUMPED 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	0.03		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC FOR 1 HOME

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	02W	32	SW		NW		
54N	02W	32	NW		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:
YEAR BUILT PER KOOTENAI COUNTY RECORDS

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 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): Wenge L Burton Date: 6-25-26
 Angela L Bolton Date: 6-25-26

RECEIVED
 Firm 238-7
 395 SEP 19 1996
 NORTHWEST REGION
 IDWR

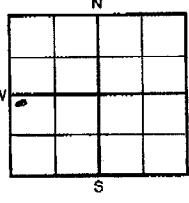
IDAHO DEPARTMENT OF WATER RESOURCES
POSTER
WELL DRILLER'S REPORT 097265
 Use Typewriter or Ballpoint Pen

Office Use Only
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 _____ 1/4 _____ 1/4 _____ 1/4
 Lat: _____ Long: _____

1. DRILLING PERMIT NO. 96-96-N-231
 Other IDWR No. _____

2. OWNER:
 Name J Hank Hester
 Address Rt. 1 Box 142
 City Priest River State ID Zip 83856

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.



Twp. 54 North or South
 Rge. 2 East or West
 Sec. 32 NW 1/4 NW 1/4 SW 1/4
 Gov't Lot _____ County Bonne
 Lat: _____ Long: _____
 Address of Well Site Perimeter Rd.
 City Bayview

Lt. _____ Blk. _____ Sub. Name _____

4. USE:
 Domestic Municipal Monitor Irrigation
 Thermal Injection Other _____

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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	7	OVERBORED

Was drive shoe used? Y N Shoe Depth(s) 140'
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	1/2	140	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
110 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10 GPM			6 Hours

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water
 Depth first Water Encountered 167

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	13	Soil		
	13	21	Large Gravel		X
	21	101	Sand and GRAVEL		X
	101	107	Boulder		X
	107	130	Decomposed Granite	2	
	130	140	GRANITE		X
	140	167	GRANITE		X
	167	268	Fractured GRANITE	2	
	168	305	GRANITE		X
	305	308	Fractured GRANITE	1	
	308	425	GRANITE		X
	425	427	Fractured GRANITE	3	
	427	575	GRANITE		X
	575	576	Fractured Granite	2	
	576	600	GRANITE		

Completed Depth 600' (Measurable)
 Date: Started 8-24-96 Completed 8-27-96

13. DRILLER'S CERTIFICATION
 I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
 Firm Name Hester Well Drilling Inc. Firm No. 528
 Firm Official [Signature] Date 8-30-96
 and
 Supervisor or Operator C. Mark Hawley Date 8-29-96
 (Sign once if Firm Official & Operator)

NWNWSW 32 54N 2W FORWARD UNIT COPY TO WATER RESOURCES