

OCT 5 2026

OCT 5 2026

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE KOOTENAI RIVER BASIN WATER
SYSTEMBy _____
CIVIL CASE NUMBER: 89576Claim ID: ~~95-18812~~ Deputy Clerk

Date Received: _____

Receipt No: _____

Claim Fee: _____ 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

Please type or print clearly

- Name of claimant(s) ~~Joseph Hembrook~~ **JO SQUARED Homes LLC** Phone (208) 500-9930
Mailing address 2828 W Rimbaud Dr _____ Zip _____
Street or Box _____ City _____ State _____
Email address (optional) joehembrook@gmail.com
- Date of priority: (Only one per claim) 08/12/2022 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 53N, Range 4W, Section 8,
SW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Kootenai;
Parcel no. _____
Additional points of diversion, if any: _____
If available, GPS coordinates: 47N57.5082,116W52.1787
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
Domestic well approximately 700 feet deep, 4-inch casing, submersible pump, pressure tank, and buried pipeline to one single hydrant. Well drilled in 2022 by AAA Sweetwater Drilling. No enlargements.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For _____ Domestic _____ purposes from _____ 1-1 _____ to _____ 12-31 _____ amount _____ .08 cfs			
For _____ purposes from _____ to _____ amount _____			
- Total quantity claimed .08 cfs cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic, 1 Home with shop, Including in house use and irrigation

9. Location of place of use is: Township 53N, Range 4W, Section 8,

SW 1/4 of NW 1/4, Govt. Lot _____, BM, Parcel no. _____

If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

None or None ()

13. Remarks (include an explanation of the priority date selected):

Priority date is the approximate year the domestic well was first used to serve the property. Well log / county parcel number attached if available.

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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) [Signature] Date: 30 Sept 2026

Date: _____

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

_____ of _____,
Agent's 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 _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0094381Drilling Permit No. 9010093

Water right or injection well # _____

2. OWNER: _____

Name SEBASTIAN SHUTEAddress 1853 W. FELTON DR.City COEUR D'ALENE State ID Zip 83814

3. WELL LOCATION:

Twp. 53 North ☒ or South ☐ Rge. 4 East ☐ or West ☒Sec. 8 1/4 SW 1/4 NW 1/4Gov't Lot _____ County FOOTENAILat. 47 ° 57.5082 (Deg. and Decimal minutes)Long -116 ° 52.1787 (Deg. and Decimal minutes)Address of Well Site NORTH OF 31661 N. 5TH AVE.City SPIRIT LAKE

(Give at least name of road • Distance to Road or Landmark)

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 CLAY	0	18	550 LBS.	TEMP. CASE, DRY POUR

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	12	298	250"	STEEL	☒	☐	☐	☒
4	20	680	SCH 40	PVC	☐	☒	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 298

(Packing @ 298')

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☒ Y ☐ N Type PVCMethod of installation SET ON BOTTOM

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
700	680	.020"		4	PVC	SCH 40

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

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) 450 Static water level (ft) 290Water temp. (°F) COLD Bottom hole temp. (°F) COLDDescribe access port BOULDER ON CAP

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
700	8	60	☐	☐	☒	☐

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
12	0	1	TOP SOIL	X
	1	18	LOAMY SAND, GRAVEL, LOBBLES	
8	18	29	SAND GRAVEL, LARGE LOBBLES	
	29	91	SAND GRAVEL, LARGE LOBBLES	
	91	165	CEMENTED SAND, GRAVEL, BOULDERS	
	165	195	COARSE SAND, PEA GRAVEL	
	195	240	CEMENTED SAND, GRAVEL, BOULDERS	
	240	268	COARSE SAND, PEA GRAVEL	
	268	290	" " W/ BOULDERS	
	290	298	SER GRANITE W/ PURPLE	
6	298	450	" "	
	450	461	SAME W/ QUARTZ 3 GPM	X
	461	620	SER GRANITE W/ PURPLE	X
	620	685	SER GRANITE W/ GRAY 1 GPM	X
	685	690	SER W/ QUARTZ 4 GPM	X
	690	700	SER GRANITE W/ PURPLE	X

208-263-5974

Mark Pitts
Robin PittsServing
North Idaho
Over 20 Years
RECEIVEDDRILLING • PUMPS • WATER TREATMENT
Complete Systems • From the Well To The House

435 Woodview Rd. • Sandpoint, ID 83864

IDWR/NORTH

Completed Depth (Measurable): 700'Date Started: 8/10/22 Date Completed: 8/12/22

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 AAA SWEETWATER DRILLING Co. No. 509Principal Driller Mark Pitts Date 8-18-22Driller Robin Pitts Date 8/17/22

Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.