

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, MAY 26 2026
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 _____ Clerk
CIVIL CASE NUMBER: 49576 *OC*
Deputy Clerk

Ident. Number: 95-18765
Date Received:
Receipt No: *N043166*
Claim Fee: *\$25.00 PAID*
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)

DEBORA L WALKER
2860 SPIRIT LAKE CUTTOF RD
SPIRIT LAKE ID 83869

Phone: (208) 946-3884

MICHAEL M WALKER
2860 SPIRIT LAKE CUTTOF RD
SPIRIT LAKE ID 83869

Phone:

2. Date of Priority: 4/17/2014

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	04W	18	SE NE		BONNER	

5. Description of diverting works:

EXISTING WELL WITH PUMP AND PIPELINE TO HOME USE, LAWN IRRIGATION AND SOME STOCKWATER USE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		
STOCKWATER	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

1 HOME WITH SHOP; 1/2 ACRE IRRIGATION LAWN AND TREE WATERING

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	04W	18	SE		NE		

STOCKWATER same as DOMESTIC

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:

PRIORITY DATE REFLECTS DATE WELL CONSTRUCTION COMPLETED AND CONNECTED TO HOME.

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 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): Debra A. Miller Date: 5-19-24

_____ Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0061896

Drilling Permit No. 8711071

Water right or injection well # _____

2. OWNER:

Name Debbie Ahlers

Address 1318 Curtis Creek Rd

City Priest River State ID Zip 83856

3. WELL LOCATION:

Twp. 54 North or South Rge. 4 East or West

Sec. 18 1/4 SE 1/4 NE 1/4

Gov't Lot _____ County Bonner

Lat. 48 ° 01.801 (Deg. and Decimal minutes)

Long. 116 ° 52.482 (Deg. and Decimal minutes)

Address of Well Site 2860 Spirit Lake Cutoff Rd.

City Spirit Lake

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	18	500lbs	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	220	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 220'

9. PERFORATIONS/SCREENS:

Perforations Y N Method Air Perforator

Manufactured screen Y N Type _____

Method of installation NA

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
200	220	1/2x1	20	6	Steel	.250

Length of Headpipe NA Length of Tailpipe NA

Packer Y N Type NA

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

11. FLOWING ARTESIAN:

Flowing Artesian? Y N Artesian Pressure (PSIG) NA

Describe control device NA

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 175' Static water level (ft) 175'

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
220	40+gpm	240

Test method:

Pump	Bailer	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	18	Sand and Gravel		X
8"	18	175	Sand and Gravel		X
8"	175	217	Sand and Gravel	X	
8"	217	220	Granite		X

RECEIVED

MAY 09 2014

IDWR / NORTH

Completed Depth (Measurable) 220'

Date Started: Apr 16, 2014 Date Completed: Apr 17, 2014

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 Apr 18, 2014

*Driller Steve C. Horsley Date Apr 18, 2014

*Operator II Zach Horsley Date Apr 18, 2014

Operator I _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.