**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

CIVIL CASE NUMBER: 49576

Ident. Number: 93-7714
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)

STEPHEN KYNASTON
288 DOUPE RD
DESMET ID 83824-5007
Phone: (251) 545-5371

AND/OR

BARBARA KYNASTON
288 DOUPE RD
DESMET ID 83824-5007
Phone: (251) 753-4465

2. Date of Priority: 6/21/2022

3. Source: GROUND WATER
Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
44N	05W	27	SE SE		BENEWAH	

5. Description of diverting works:

WELL WITH PUMP 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	0.04		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC FOR 1 HOME

9. Place of use:

DOMESTIC within BENEWAH County

Township	Range	Section	¼	of	¼	Lot	Acres
44N	05W	27	SE		SE		

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:
DATE WELL WAS COMPLETED AND PUT TO USE

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): _____ Date: 9/10/24

_____ Date: _____

Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 94019
Drilling Permit No. 905703
Water right or injection well #

2. OWNER:
Name Stephen & Barbara Kynaston
Address 288 Doupe Rd
City Desmet State ID Zip 83824

3.WELL LOCATION:
Twp. 44 North ☒ or South ☐ Rge. 5 East ☐ or West ☐
Sec. 27 ___ 10 acres 1/4 SE 40 acres 1/4 SE 160 acres 1/4
Gov't Lot ___ County Benewah
Lat. 47 ° 47 07.394 N (Deg. and Decimal minutes)
Long. 116 ° 56.585 W (Deg. and Decimal minutes)
Address of Well Site 288 Doupe Rd
(Give at least name of road + Distance to Road or Landmark) City Desmet
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 ft³)	Placement method/procedure
bentonite	0	38	850 lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	-453	2.50	steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -453ft georocfor shoe

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

From (ft)	To (ft)	Slot size	Number/ft	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 ft³)	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) 140 ft Static water level (ft) -106 ft
Water temp. (°F) cold Bottom hole temp. (°F)
Describe access port well cap

Well test: **Test method:**

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100+ gpm	airlift form	460 ft for 2hr	☐	☐	☒	☐
			☐	☐	☐	☐

Water quality test or comments: cold and clear

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	Water N
10"	0	2	topsoil		X
	2	46	brown clay		X
8"	46	65	tan clay		X
	65	142	red clay	X	
	142	206	tan sandy clay		X
	206	277	grey clay	X	
	277	390	brown clay		X
	390	415	tan clay		X
	415	430	brown clay		X
	430	445	tan clay with decomposed basalt		X
	445	460	hard basalt	X	

RECEIVED
JUN 24 2022
IDWR / NORTH

Completed Depth (Measurable): 460 ft
Date Started: 6-15-22 Date Completed: 6-21-22

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 Interstate Drilling LLC Co. No. 689
*Principal Driller [signature] Date 6-22-22
*Driller [signature] Date 6-22-22
*Operator II Date
Operator I Date

*** Signature of Principal Driller and rig operator are required.**