

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 95-10135
Date Received: 2/12/2009
Receipt No: NO19946A
Received By: *AM*

**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)

DELBERT R MATTIX Phone: (208) 664-9484
20507 S WEST SHORE RD
WORLEY ID USA 83876

2. Date of Priority: 04/14/1988

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
48N	04W	19	SW SW 5	KOOTENAI	

5. Description of diverting works:

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.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
48N	04W	19	SW SW 5	DOMESTIC	

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

PARCEL NO. 0-8600-000-002-0

15. Basis of Claim: Beneficial Use

16. 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): Robert R. Mathey Date: 2-12-09

Date: _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

MAY 06 1988

MAY 06 1988

1. WELL OWNER

Name RICHARD JOHNSON

Address RT. 2 Box #4 WALEY TIA 83876

Owner's Permit No. 95-88-N-15

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness .250 inches Diameter 6 inches + +1 feet To 19 feet

_____ inches _____ inches _____ feet _____ feet

_____ inches _____ inches _____ feet _____ feet

_____ inches _____ inches _____ feet _____ feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☒ Yes ☐ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number _____ From _____ To _____

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☒ Yes ☐ No Size of gravel 3/8" PEA

Placed from 100' feet to 160' feet

Surface seal depth 20+ Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Puddling clay ☐

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld

☐ Cemented between strats

Describe access port V-4" OPENING

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W E

S

County KOOTENAI

Subdivision Name _____

Lot No. _____ Block No. _____

Township 19 Sec. 48 Range 4 East

7. WATER LEVEL

Department of Water Resources

Static water level 50 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ OF. Quality GOOD

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Air ☐ Other _____

Discharge G.P.M. 15 GPM Pumping Level _____ Hours Pumped _____

9. LITHOLOGIC LOG

Bore Diam.	Depth From	To	Material	Water Yes	No
10	0	15	GRAVELLY SAND & CLAY		X
10	15	40	TAN CLAY - FIRM		X
8	40	65	GRAY CLAY - HARD		X
8	65	70	BRYN. SAND & WATER	X	
8	70	90	GRAY CLAY - HARD		X
8	90	136	TAN CLAY - HARD		X
6	136	144	RTZ SAND, MICA & WATER	X	
6	144	150	TAN CLAY - FIRM		X
6	150	160	RTZ SAND, MICA & WATER	X	

RECEIVED

MAY 27 1988

Department of Water Resources

C13553

10. Work started 4/13 finished 4/14/88

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name J.J. MILLER, INC. Firm No. 319

Address 55612 LINKS RD. Date 4/18/88

Signed by (Firm Official) [Signature]

and (Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY. FORWARD TO:

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT