

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 95-10218
Date Received: 3/23/2009
Receipt No:
Received By: **NO 2015**
CH

**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)

LAWRENCE KENNEDY Phone: (208)683-1748

31367 N TIARA LN
ATHOL ID USA 83801

NANETTE KENNEDY Phone: (208)683-1748

31367 N TIARA LN
ATHOL ID USA 83801

2. Date of Priority: 05/31/2002

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
53N	03W	11	SW NE	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.02	
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.06 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
53N	03W	11	SW	NE	DOMESTIC	
			SW	NE	STOCKWATER	

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 NUMBER 0-1565-000-008-0

PARCEL NUMBER 0-1565-000-009-0

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): Lawrence M. Kennedy Date: 3/23/09

Date: _____

RECEIVED
Form 230-7
11/97
JUL 01 2002

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

IDWR/North

1. WELL TAG NO. **D0022274**

DRILLING PERMIT N

Other IDWR No

2. OWNER:

Name **Mike Kennedy**

Address **P O Box 498**

City **Santa Margurita**

State **CA**

Zip **93453**

3. LOCATION OF WELL by legal description:

N
Twp **53N** North ☒ or South
Rge **03W** East ☐ or West ☒
Sec **02** 1/4 NW 1/4 SE 1/4
Gov't Lot **10 Ac 40 Ac 160 Ac**
County **Kootenai**
Lat _____ Long _____

E Howard Road
Lot _____ Blk _____

Address of Well Site: (see next line)

City _____

Sub. Name (see next line)

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/Lbs	
Bentonite	0	18	10 sacks	pour in

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) _____ Ring Bit

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld Thrded
6	2	418	0.250	Steel	☒	☒	☒

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method **air perforator**
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
400	418	1X2	400		Steel	☒	☒

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

393 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered **393** ft. Describe access port or

control devices: **Steel cap welded**

53N 3W 2

FORWARD WHITE COPY TO WATER RESOURCES

11. WELL TESTS:

Yield gal./min.	Drawdown	Pump Level	Time
60+	100T	415	1 hr.

Water Temp. _____ cold Bottom hole temp. _____ cold

Water Quality test or comments: (below) Depth first Water Encountered **393**
slight color, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Water
8	0	1	Topsoil	☒
8	1	18	Sand & gravel - 3/4" minus	☒
6	18	153	Sand & gravel - 3/4" minus	☒
6	153	245	Sand & gravel - 1/2" minus	☒
6	245	260	Boulder	☒
6	260	270	Sand & gravel - 3/4" minus	☒
6	270	275	Boulder	☒
6	275	393	Sand & gravel - 1/2" minus	☒
6	393	418	Sand & gravel - 1/2" minus	☒

Completed Depth **418** (Measurable)
Date: Started **5/29/02** Completed **5/31/02**

13. DRILLERS CERTIFICATION

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

Firm **United Drilling Inc.** Firm No **414**

Firm Official **Jason C. Beckham** Date **5/31/02**

and _____

Supervisor or Operator **Jason C. Beckham** Date **5/31/02**

520