

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 95-10256
Date Received: 3/27/2009
Receipt No: NO20162
Received By: *MA*

**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)

GEORGE ALFORD Phone: (208)691-8855
1157 E 12TH AVE
POST FALLS ID USA 83854-3301

RUTH ALFORD Phone: (208)691-8855
1157 E 12 TH AVE
POST FALLS ID USA 83854

2. Date of Priority: 09/27/1991

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	05W	35	NE SW	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
51N	05W	35	NE SW	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 NUMBER 0-6360-35-043-AD

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): George M. Wilson

Date: 3-27-09

Frank M. Wilson

Date: 3-27-09

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.

OCT 15 1991

1. WELL OWNER
Name GEORGE ALFORD/MARVIN WIGEN
Address 1275 E. 12TH POST FALLS, ID 83854
Drilling Permit No. 95-91-N-153
Water Right Permit No. _____

2. NATURE OF WORK
☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase
☐ 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 From 259 To 260 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 ☐ Gun
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 _____
Placed from _____ feet to _____ feet
Surface seal depth 20 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☒ GRAVEL
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld
☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL
Sketch map location must agree with written location.
N
W X E
S
County KOOTENAI
Subdivision Name _____
Lot No. _____ Block No. _____
NW ¼ SW ¼ Sec. 35, T. 51N S R. 5W W

7. WATER LEVEL
Static water level 235 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality GOOD
Describe artesian or temperature zones below.

8. WELL TEST DATA
☐ Pump ☐ Bailor ☒ Air ☐ Other _____
Discharge G.P.M. 50+ Pumping Level 260 Hours Pumped 1 HR

9. LITHOLOGIC LOG
Bore Diam. Depth Material Water Yes No
8 0 18 SAND & GRAVEL X
6 18 40 SAND X
40 125 COBBLES & CLAY & SAND X
125 220 SAND & GRAVEL X
220 260 SAND GRAVEL & CLAY X

10. Work started 9/26/91 finished 9/27/91

11. DRILLERS CERTIFICATION
I/we certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name UNITED DRILLING INC. No. 414
Address P.O. BOX 2499 Date 9/30/91
CDA, ID 83814
Signed by (Firm Official) Eldon Volking
and
(Operator) Tim Volking

OCT 15 1991

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