

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 95-10268
Date Received: 3/30/2009
Receipt No: NO20182
Received By: *WA*

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)

KEITH EDMUNDSON Phone: (208)215-0078

3260 S SIGNAL POINT RD
POST FALLS ID USA 83854

2. Date of Priority: 09/15/1977

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
50N	05W	17	NE SE	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
50N	05W	17	NE SE	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 50N05W-17-7577

15. Basis of Claim: Beneficial Use

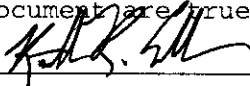
16. Signature(s)

(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): 

Date: 3/30/09

Date: _____

RECEIVED

OCT 7 1977

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.
Department of Water Resources

1. WELL OWNER

Name Richard D. Johnson
Address Rt 2 Box 582 Post Falls, Idaho 83854
Owner's Permit No. 95-77-N-168

7. WATER LEVEL

Static water level 95 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other R/RDischarge G.P.M. 18 Draw Down _____ Hours Pumped _____

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6	0	25	Granite		
	25	26	Quartzite		
	26	56	Granite		
	56	59	Dec. Granite		
	59	61	Granite		
	61	63	Quartzite		
	63	150	Granite		
	150	155	Dec. Granite		
	155	178	Granite		
	178	183	Fractured Granite		
	183	185	Granite		
	185	186	Quartzite		
	186	200	Fractured Granite		

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 200 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>1/4</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☒ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow 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

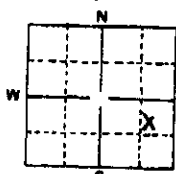
Gravel packed? ☐ Yes ☒ No Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18' Material used in seal ☐ Cement groutBentonite ☐ Pudding clay ☒ Well cuttingsSealing procedure used ☐ Sherry pit ☐ Temporary surface casing☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KootenaiNE 1/4 SE 1/4 Sec. 17, T. 50 N, R. 5 E

10.

Work started 9-14-77 finished 9-15-77

11. DRILLERS CERTIFICATION

Firm Name Enterprise Drilling Co Firm No. 302Address Box 44 Post Falls Idaho Date 9-19-77Signed by (Firm Official) [Signature]and [Signature]
(Operator)