

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 95-10276
Date Received: 4/1/2009
Receipt No:
Received By: *NO20203B*
u

**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)

ERIC HONGSLO Phone: (208) 683-0863
12057 E PARKS RD
ATHOL ID USA 83801

2. Date of Priority: 09/01/2005

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	02W	19	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:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
53N	02W	19	SW NE	STOCKWATER	
			SW NE	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 0-2088-00A-004-A

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 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): C. A. Hunsley Date: 4/1/09

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0040743
DRILLING PERMIT NO. 835553
Water Right or Injection Well No. _____

2. OWNER:

Name ERIC HORSLEY
Address P.O. Box 34
City ATHOL State ID Zip 83801

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 53 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 19 NE 1/4 SE 1/4 NE 1/4
Gov't Lot _____
County _____Lat: _____ Long: _____
Address of Well Site 1/4 mile from E. end Parks Rd
N. Side City ATHOL
(Give at least name of road + distance to road or landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>7 Bags</u>	<u>OVER Bored</u>

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>160</u>	<u>.250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method N/A
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
			<u>N/A</u>			☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

175 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

53N 2W 19

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10 GPM</u>			<u>4 Hours</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>OVER BORED</u>			☒
<u>10</u>	<u>2</u>	<u>20</u>	<u>SAND AND GRAVEL</u>			☒
<u>8</u>	<u>20</u>	<u>90</u>	<u>SAND AND GRAVEL</u>			☒
<u>8</u>	<u>90</u>	<u>102</u>	<u>CEMENTED GRAVEL</u>			☒
<u>8</u>	<u>102</u>	<u>150</u>	<u>SAND AND GRAVEL</u>			☒
<u>8</u>	<u>150</u>	<u>160</u>	<u>GRANITE</u>			☒
<u>6</u>	<u>160</u>	<u>175</u>	<u>GRANITE</u>			☒
<u>6</u>	<u>175</u>	<u>177</u>	<u>Fractured Granite</u>	<u>1.5 GPM</u>	☒	
<u>6</u>	<u>177</u>	<u>235</u>	<u>GRANITE</u>	<u>2 GPM</u>	☒	
<u>6</u>	<u>235</u>	<u>465</u>	<u>GRANITE</u>			
<u>6</u>	<u>465</u>	<u>466</u>	<u>Fractured Granite</u>	<u>4.5 GPM</u>	☒	
<u>6</u>	<u>466</u>	<u>475</u>	<u>GRANITE</u>			
<u>6</u>	<u>475</u>	<u>476</u>	<u>Fractured Granite</u>	<u>2 GPM</u>	☒	
<u>6</u>	<u>476</u>	<u>520</u>	<u>GRANITE</u>			

RECEIVED
SEP 06 2005
IDWR/NorthCompleted Depth 520 (Measurable)Date: Started 8-26-05 Completed 9-1-05

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 Horsley Drilling Firm No. 632Principal Driller Mark Horsley Date 9-2-05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES