

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 95-10258
Date Received: 3/27/2009
Receipt No: **NO 20238**
Received By: *cin*

**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)

SARAH MOTT Phone: (208) 660-5388
27900 N GOODHOPE RD
ATHOL ID USA 83801

2. Date of Priority: 09/09/2005

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	03W	22	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
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	03W	22	NE SE	DOMESTIC	
			NE SE	STOCKWATER	
			SE SE	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:

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 ~~XS~~ 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): *Joshua Mott* Date: 4-2-09

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	Long: _____	_____	

1. WELL TAG NO. D 0040744
 DRILLING PERMIT NO. 835726
 Water Right or Injection Well No. _____

2. OWNER:
 Name Sarah Mott
 Address 87900 N Good Hope Rd
 City Alhambra 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. 3 East ☐ or West ☒
 Sec. 22 SE 1/4 SE 1/4 SE 1/4
 Gov't Lot _____
 Lat: _____ Long: _____
 Address of Well Site 1 mile E. on Parks Rd, South side
 City Alhambra
 (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 (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	25	10 Bags	Over Bored

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1'	260'	250	Steel	☒	☐	☒	☐
4"	-6	380'	380	PVC	☐	☒	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT
 Screen Type & Method of Installation N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
250	380'	1/8x6"	50	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
Pea Gravel	-6	380'	2 yards	Hand packed

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min. <u>100+</u>	Drawdown	Pumping Level	Time <u>4 Hours</u>

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: Pumping Level STAY ABOVE 340'
 Depth first Water Encounter 250'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	25	SAND and GRAVEL		X
8"	25	220	SAND GRAVEL, Boulders		X
8"	220	240	SAND		X
8"	240	250	GRAVEL	X	
8"	250	260	Weathered GRANITE		X
	260	312	GRANITE		X
	312	313	FRACURED GRANITE 36PM	X	
	313	340	GRANITE		
	340	345	Weathered GRANITE 156PM	X	
	345	373	GRANITE		X
	373	378	FRACURED Weathered GRANITE 100 GPM	X	
	378	400	GRANITE		

RECEIVED
 SEP 16 2005
 IDWR/North

Completed Depth 380' (Measurable)
 Date: Started 9-2-05 Completed 9-9-05

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. 632
 Principal Driller Mark Horsley Date 9-10-05
 and 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

53 N 3 W 22