

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 95-10346
Date Received: 4/10/2009
Receipt No: NO20278 C
Received By: *WJ*

**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)

KAREN LYNN Phone: (509)496-1370

22809 E COUNTRY VISTA DR APT 229
LIBERTY LAKE WA USA 99019

JOHN LYNN Phone: (509)990-6999

22809 E COUNTRY VISTA DR APT 229
LIBERTY LAKE WA USA 99019

2. Date of Priority: 07/11/1979

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	24	SE 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
STOCKWATER	01/01	12/31	0.02	
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
53N	03W	24	SE SE	SW SW	DOMESTIC 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)

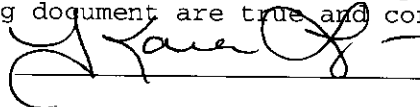
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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: 4-10-09

Date: _____

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.

1. WELL OWNER

Name ALAN MORTON
Address 1311 BOYD AVE. CARMICHAEL
Owner's Permit No. _____

7. WATER LEVEL

Static water level 24390 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 _____2. NATURE OF WORK 96-79-N-57☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>Flowing 10 GPM</u>		<u>1 hr.</u>

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>240</u>	<u>SAND, GRAVEL & CLAY</u>	<u>X</u>	<u>X</u>
	<u>240</u>	<u>260</u>	<u>BOULDER</u>	<u>X</u>	<u>X</u>
	<u>260</u>	<u>270</u>	<u>SAND, GRAVEL & CLAY</u>	<u>X</u>	<u>X</u>
	<u>270</u>	<u>322</u>	<u>BOULDER</u>	<u>X</u>	<u>X</u>
	<u>322</u>	<u>338</u>	<u>SAND & GRAVEL & CLAY</u>	<u>X</u>	<u>X</u>
	<u>338</u>	<u>330</u>	<u>GRAVEL</u>	<u>X</u>	<u>X</u>
	<u>330</u>	<u>335</u>	<u>SOFT GRANITE WITH WATER</u>	<u>X</u>	<u>X</u>
	<u>335</u>	<u>463</u>	<u>GRAVEL</u>	<u>X</u>	<u>X</u>
	<u>463</u>	<u>466</u>	<u>GRAVEL</u>	<u>X</u>	<u>X</u>
	<u>466</u>	<u>477</u>	<u>GRAVEL</u>	<u>X</u>	<u>X</u>

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.260</u> inches	<u>8</u> inches	<u>1</u> feet	<u>270</u> feet
<u>.250</u> inches	<u>6</u> inches	<u>230</u> feet	<u>290</u> 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 ☒ TorchSize of perforation 4 inches by 1/2 inches

Number	From	To
<u>4</u> perforations	<u>268</u> feet	<u>270</u> feet
<u>4</u> perforations	<u>298</u> feet	<u>290</u> 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☒ Pudding clay ☒ Well cuttingsSealing procedure used: ☐ Slurry pit ☒ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strata

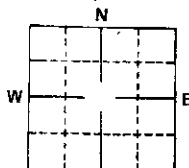
Describe access port _____

10.

Work started 7/2/79 finished 7/11/79

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County ITOOTENAISE 1/4 SW 1/4 Sec. 24, T. 53 N., R. 3 W.

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
compiled with at the time the rig was removed.Firm Name ALAN MORTON INC Firm No. 356Address P.O. Box 659 Hayden, ID Date 7/11/79Signed by (Firm Official) David H. Morton

and

(Operator) David H. Morton