

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 95-10373  
Date Received: 4/14/2009  
Receipt No: NO 20308  
Received By: cm

**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)

TERRY GRAHAM Phone: (208)661-4890  
12924 COYOTE LANE  
POST FALLS ID USA 83854

OR

SHELLY GRAHAM Phone: (208)661-4890  
12924 COYOTE LANE  
POST FALLS ID USA 83854

2. Date of Priority: 07/15/2004

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   | 10      | SW 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   | 10      | SW 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 0-6525-001-001-0

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 X 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):   Terry S. Deane  

Date:   4/14/09  

Date:

# IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only  
Inspected by \_\_\_\_\_  
Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_  
1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Lat: : : Long: : :

1. WELL TAG NO. **D0028266**

DRILLING PERMIT N **800196**

Other IDWR No \_\_\_\_\_

2. OWNER:

Name **Terry Graham**

Address **502 Whitewater Lane**

City **Post Falls**

State **ID**

Zip **83854**

3. LOCATION OF WELL by legal description:

N  
W E S  
Twp **50N** North ☒ or South ☐  
Rge **05W** East ☐ or West ☒  
Sec **10** 1/4 SW 1/4 SW 1/4  
Gov't Lot \_\_\_\_\_ County **Kootenai**  
Lat \_\_\_\_\_ Long \_\_\_\_\_

Address of Well Site: (see next line)

SE corner of Schilling & Coyote

City \_\_\_\_\_

Lot \_\_\_\_\_ Blk \_\_\_\_\_

Sub. Name (see next line)

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/FILTER PACK |      |    | Amount    | Method  |
|------------------|------|----|-----------|---------|
| Material         | From | To | Sacks/Lbs |         |
| Bentonite Gran.  | 0    | 19 | 4 Sacks   | Pour in |
|                  |      |    |           |         |
|                  |      |    |           |         |

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) **19**

Drive Shoe Seal Tested? ☐ Y ☒ N How? \_\_\_\_\_

8. CASING/LINER

| Diam | From | To  | Gauge | Material | Casng                               | Liner                               | Weld                                | Thrded                   |
|------|------|-----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6    | 1    | 19  | 0.025 | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4    | 5    | 540 | 0.160 | PVC      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|      |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

Length Headpipe \_\_\_\_\_ Length Tailpipe \_\_\_\_\_

9. PERFORATIONS/SCREENS

☐ Perforations? Method \_\_\_\_\_

☒ Screens? Screen Type **PVC**

| From | To  | Slot | Nmbr | Diam | Material | Casng                    | Liner                               |
|------|-----|------|------|------|----------|--------------------------|-------------------------------------|
| 540  | 580 | .20  |      | 4"   | PVC      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|      |     |      |      |      |          | <input type="checkbox"/> | <input type="checkbox"/>            |
|      |     |      |      |      |          | <input type="checkbox"/> | <input type="checkbox"/>            |

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

**65** ft. below ground. Artesian pressure \_\_\_\_\_ lb.

Depth flow encountered **320-365-430-545** ft. Describe access port or

control devices: **Steel Cap Welded**

**50N SW 10**

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pump Level | Time   |
|-----------------|----------|------------|--------|
| 40-45           | 100%     | 578        | 1 Hour |
|                 |          |            |        |
|                 |          |            |        |

Water Temp. \_\_\_\_\_

Cold

Bottom hole temp. \_\_\_\_\_

Cold

Water Quality test or comments: (below) Depth first Water Encountered **365**

Clear, Cold, No smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

| Bore Diam | From | To  | Lithology, Water Quality and Temperature | Water                                                        |
|-----------|------|-----|------------------------------------------|--------------------------------------------------------------|
|           |      |     |                                          | Y N                                                          |
| 8         | 0    | 1   | Topsoil                                  | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 8         | 1    | 14  | Decomposed Granite                       | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 8         | 14   | 19  | Granite - Brown/White - Medium           | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 19   | 85  | Granite - Black/White - Soft             | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 85   | 127 | Granite - Black/White - Hard             | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 127  | 140 | Granite - Green/White/Black - Medium     | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 140  | 318 | Granite - Black/White - Medium           | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 318  | 360 | Granite - Purple/Black/White-Soft 3GPM   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 6         | 365  | 370 | Granite - Black/White - Hard             | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 370  | 430 | Granite - Black/White - Soft 2.5 GPM     | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 6         | 430  | 438 | Granite - Black/White - Hard             | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 438  | 450 | Granite - Black/White - Soft 7.5 GPM     | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 6         | 450  | 455 | Granite - Black/White - Hard             | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 455  | 545 | Granite - Black/White - Broken           | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6         | 545  | 552 | Granite - Blk/White/Green-Broken 30GPM   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 6         | 552  | 580 | Granite - Black/White - Hard             | <input type="checkbox"/> <input checked="" type="checkbox"/> |

Completed Depth **580**

(Measurable)

Date: Started **5/2/03**

Completed **5/6/03**

13. 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.**

Firm No **414**

Firm Official and **Jason C. Beckham**

Date **5/7/03**

Supervisor or Operator **Jason C. Beckham**

Date **5/7/03**

FORWARD WHITE COPY TO WATER RESOURCES