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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 95-10378
Date Received: 4/15/2009
Receipt No: NO 20316
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)

ROBERT L JOHNSON Phone: (208) 687-2870

2044 E CHILCO RD
RATHDRUM ID USA 83858

2. Date of Priority: 05/04/2005

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
52N	04W	13	NW NW	KOOTENAI	

5. Description of diverting works:

SUBMERSIBLE PUMP IN WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.02	

7. Total Quantity Appropriated is:
0.02 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
52N	04W	13	NW	NW	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:

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: 2

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): Robert L. Johnson Date: 4-15-09

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 40094
 DRILLING PERMIT NO. 832378
 Water Right or Injection Well No. _____

2. OWNER:
 Name MICHAEL GAFFLYN
 Address PO Box 1231
 City ATHLON State ID Zip 83958

3. LOCATION OF WELL by legal description:

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

Twp. 52 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 13 1/4 NW 1/4 NW 1/4
 Gov't Lot _____
 Lat: _____ Long: _____
 Address of Well Site 2044 E Chico Rd

(Give at least name of road + Distance to Road or Landmark)
 City ATHLON
 Lt. 2 Blk. 1 Sub. Name CHICO ESTATES

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	24	300 lbs	TEMP 8"

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 68'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	7'	68'	250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
0	240	-	-	4	PVC	☐	☒
240	500	1/4"	180	4	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

24 ft. below ground Artesian pressure 0 lb.
 Depth flow encountered 250 ft. Describe access port or control devices:
STEEL PLATE
53 N 4 W 13

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
500pm	max	500	3 HRS

Water Temp. Cold Bottom hole temp Cold

Water Quality test or comments: NO

Depth first Water Encounter 24

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	3	TOP SOIL		☒
8"	3	24	GRAVEL + CLAY		☒
4"	24	76	SOFT ROCK SEED	☒	
	76	140	" QUARTZITE FLAM SPOTS	☒	
	140	225	FIRM "	☒	
	225	290	" " SOFT SPOTS	☒	
	290	464	" " " "		☒
	464	502	SOFT " + CLAY		☒

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MAY 09 2005

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MAY 23 2005

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Completed Depth 500 (Measurable)

Date: Started 4/20/05 Completed 5/4/05

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 BRANDX WATER WELLS Firm No. 289

Principal Driller Linda Carden Date 5/5/05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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