

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 95-10391
Date Received: 4/17/2009
Receipt No: No 20359 B
Received By: *Wol*

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)

PAMELA THOMPSON Phone: (208)772-1884

24459 N RIMROCK RD
HAYDEN ID USA 83835

2. Date of Priority: 12/31/1990

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	03W	4	NE 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
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:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
52N	03W	4	NE SW	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 52N03W-04-5100

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): *Arnold S. Thompson* Date: 4-17-09

Date: _____

RECEIVED
Form 238-7
7/94
JUL 12 1995
NORTH CAROLINA

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

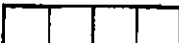
Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 95-95-N-1057-000
Other IDWR No. _____

2. OWNER:
Name **DAVE VISHNESKY**
Address **22725 N.RIMEROCK**
City **HAYDEN** State **ID** Zip **83854**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. S2 North ☐ or South ☐
 Rge. 3W East ☐ or West ☐
 Sec. 4 1/4 N/E 1/4 S/W 1/4
 Gov't Lot _____ County Kootenai

Address of Well Site **END OF RIMEROCK**

City _____

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0"	35"	6 SACK	DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 19

Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	19"	.250	STEEL	☒	☐	☒	☐
4"	16"	300"	.180	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method **DRILL**

☐ Screens	Screen Type
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From	To	Slot Size	Number	Diameter	Material	Casting	Linear
260"	300"		3/8 250	3/8	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

Control devices: NESW 4 52N 3W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
4 3/4	100%	300"	1HR

Water Temp. **COLD** Bottom hole temp. _____

Water Quality test or comments: **CLEAR**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth	300 FT	(Measurable)
Date: Started	6/26/95	Completed 6/27/95

13. DRILLER'S 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 W. C. Vali Date 6/27/85

Supervisor or Operator _____ Date **6/27/95**

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES