

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 95-10525
Date Received: 5/12/2009
Receipt No: N020598
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)

HANNAH I SYMONS Phone: (208)659-1892
29661 TWO ROCK RD
ATHOL ID USA 83801

OR

DOC VIC SYMONS Phone: (208)659-1892
29661 TWO ROCK RD
ATHOL ID USA 83801-9358

2. Date of Priority: 05/05/1983

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	3	NE NW 3	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	3	NE NW 3	STOCKWATER	
			NE NW 3	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 0-2640-002-011-0

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 _____ do not X 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): Doc Vic Symonrr Date: 5-15-09

Date: _____

RECEIVED

MAR 5 1984

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Chester A. BowyerAddress Box 132 Athol, Idaho 83801Owner's Permit No. 96-83-N-12

7. WATER LEVEL

Static water level 350 feet below land surface.Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ PlugTemperature cold °F. Quality good

Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____

G.P.M. 40+

3. PROPOSED USE

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

4. METHOD DRILLED

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

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>380</u> feet
_____ inches	_____ inches	_____ feet	_____ 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 ☐ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ 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 18 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☐ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent☐ Cemented between strata

Describe access port _____

9. LITHOLOGIC LOG

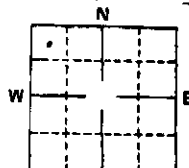
Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
6	0	20	gravel some clay		x
6	20	35	gravel		x
6	35	95	damp clay & gravel	x	
6	95	140	course gravel		x
6	140	156	fine gravel damp	x	
6	156	170	course gravel		x
6	170	175	damp fine gravel	x	
6	175	200	course gravel small boulders		x
6	200	220	pea gravel		x
6	220	240	course gravel damp	x	
6	240	260	course gravel		x
6	260	270	hard pan cemented		x
6	270	272	large bolder		x
6	272	300	hard pan		x
6	300	320	hard pan		x
6	320	330	course gravel		x
6	330	348	sand clay wet	x	
6	348	380	gravel water	x	

10.

Work started 4/30/83 finished 5/5/83

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name Forest View

Recreational tracts

Lot No. 11 Block No. 2County KootenaiNE 1/4 NW 1/4 Sec. 2 T. 53N N/S, R. 3W BME/W.

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Murphy Drilling Co. Firm No. 269P.O. Box 430Address Greenacres, Wa. 99016 Date 11/30/83Signed by (Firm Official) B D Murphy

and

(Operator) B D Murphy