

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 95-10563
Date Received: 5/19/2009
Receipt No:
Received By: NO20630
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)

ERNEST W GROOVER Phone: (208)687-1472
2301 W HOLLYHOCK LN
RATHDRUM ID USA 83858

OR

LORA J GROOVER Phone: (208)687-1472
2301 W HOLLYHOCK LN
RATHDRUM ID USA 83858

2. Date of Priority: 11/15/1994

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 22 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:
0.06 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
52N 04W 22 SE SW STOCKWATER
SE 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 52N04W-22-7100

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): Amest W. Hoover

Date: 5 19 09

Date: _____



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 95-94-N-267-000
Other IDWR No. _____

2. OWNER:

Name Wayne Groover Elopvirkerman
Address 100 N. Atlas Road
City Rathdrum State ID Zip 83856

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 52 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 22 SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$
 Gov't Lot _____ County Koduknai

Address of Well Site 1700 N. Atlas
City _____

(Give at least name of road + Distance to Road or Landmark)

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	20	7	overbored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 300'
Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1 1/2	300	260	Steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method N/A

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

SWSENW 22 52N 4W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
40			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: *clear and cold*

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 300 (Measurable)
Date: Started 11-14-94 Completed 11-15-94

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 Hester Well Drilling Inc Firm No. 528

Firm Official [Signature] Date 11-15-94
and

Supervisor or Operator C. Mark Harley Date 11-15-94
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES