

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 95-10584
Date Received: 5/27/2009
Receipt No: N020715
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)

WILLIAM E TURK Phone: (208)755-8041
PO BOX 4
ATHOL ID USA 83801

OR

DARYL TURK Phone: (208)755-8042
PO BOX 4
ATHOL ID USA 83801

2. Date of Priority: 05/10/1993

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 32 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:
Number of homes: 2

10. Place of use:
Township Range Section 1/4 of 1/4 Lot Use Acres
53N 03W 32 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 53N03W-32-8600

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): William C. Thurb Date: 5/27/09

Date: _____

JUN 01 1993

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 within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name BILL TURK
Address 4151 TURK LANE ATHOL ID 83801
Drilling Permit No. 96-93-N-50-000
Water Right Permit No. _____

7. WATER LEVEL

Static water level 335 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.R.M.	Pumping Level	Hours Pumped
15-18	600	1

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
12	0	2	TOPSOIL, CLAY		X
12	2	19	GRAVEL, BOULDERS		X
8	19	36	GRAVEL, BOULDERS		X
8	36	206	SAND, GRAVEL, BOULDERS		X
8	206	234	SAND, GRAVEL, COMPACTED		X
8	234	242	CLAY, GREY, SAND		X
8	243	276	AND, SILT, GRAVEL	X	
8	276	281	CLAY, GRAY, SAND, WOOD		X
8	281	295	CLAY, GREEN, SAND, WHITE		X
8	295	317	CLAY, BROWN, SAND		X
8	317	344	CLAY, GRAY, SAND		X
8	344	347	BOULDER, GRANITE, BLK/WHT		X
8	347	385	CLAY, BROWN, SAND, WHT/BROWN		X
8	385	391	GRANITE, BRN/WHT DECOMPOSED		X
5	391	465	GRANITE, BLK/WHT, DECOMPOSED		X
5	465	468	GRANITE, BLK/WHT, FRACTURED	X	
5	468	595	GRANITE, BLK/WHT, MED HARD		X
5	595	603	GRANITE, BLK/WHT, FRACTURED	X	

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness 2.50 inches Diameter 6 inches From _____ feet To 391 feet
160 psi inches 4 inches 383 feet 603 feet
Was casing drive shoe used? ☒ Yes ☐ No ODEX
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No Skill Saw
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/4 inches by 6 inches
Number 120 From 563 feet To 603 feet
perforations _____ feet
perforations _____ feet
perforations _____ feet
Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

NOTE: I.D. CLEARANCE
ON ODEX DRIVE SHOE IS 5".

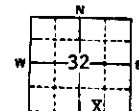
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 19 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☒ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai

Address of Well Site SAME
(give at least name of road)

SW 1/4 SE 1/4 Sec. 32 T. 53 N. ☐ or S ☐
R. 3 E ☐ or W ☒

10.

Work started 04/30/93 finished 05/10/93

11. DRILLER'S CERTIFICATION

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

Firm Name H2O WELL SVC. Firm No. #448

Address 582 W HAYDEN AVE Date 05/10/93

Signed by Drilling Supervisor [Signature]

and

(Operator) [Signature]

(If different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT