

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 95-10590
Date Received: 5/28/2009
Receipt No: **N020730**
Received By: *lll*

**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)

RALPH JAMES Phone: (208) 457-9224
17294 SMITH RD
HAUSER ID USA 83854

2. Date of Priority: 09/11/1985

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	05W	6	NW 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
STOCKWATER	01/01	12/31	0.02	
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:

~~0.04~~ C.F.S.
0.05
R.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
51N	05W	6	NW SE	STOCKWATER	
			NW 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 51N05W-06-8000

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: 4

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): Ralph J. Janda

Date: 5-28-09

Date: _____

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.

[illegible]

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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-85-N-64-
Other IDWR No. 839663

2. OWNER:

Name Ralph James
Address 17294 Smith Road
City Hauser State ID Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location

W  E

Twp. 51 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 6 NW 1/4 10 acres NW 1/4 40 acres SE 1/4 160 acres

S Gov't lot _____ County Kootenai

Lat: : : Long: : :

Address of Well Site same

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

Lt. _____ Blk. _____ Sub. Name _____

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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	260	28 sacks	dry granular

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

☐ Yield gal/min	☐ Drawdown	☐ Pumping Level	☐ Flowing Artesian Time

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth: 0 (Measurable)

Date: Started 05/03/06 Completed 05/03/06

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 McCarty Drilling & Pump Inc Firm No. 586

Firm Official [Signature] Date 5-4-74

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

Date: 5/4/2006 Time:8:47:46 AM

57N 5W 6



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

Office Copy

1. WELL OWNER

Name John L. McReynolds
Address N. 7035 Houser Lake Rd.
Houser Lake, ID 83835
Owner's Permit No. 95-85-N-64

7. WATER LEVEL

Static water level 93 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
☐ 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 _____
15 GPM - ESTIMATED AIRLIFT

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10"	0	1	Top soil		X
10"	1	52	Granite, brown, decomposed, extremely fractured		X
10"	52	58	Granite, brown & white, decomposed, soft		X
6"	58	99	Granite, brown & white, gray decomposed, soft		X
6"	99	116	Granite, brown, white, gray, soft, decomposed w/water @ 4 GPM	X	
6"	116	248	Granite, brown, white, gray decomposed, fractured		X
6"	248	260	Granite, brown, white, gray decomposed, extremely fractured w/water @ 14 1/2 GPM	X	

4. METHOD DRILLED

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

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness _____ Diameter _____ From _____ To _____
250 inches 6 inches + 1 feet 57 feet
_____ inches _____ feet _____ feet
_____ inches _____ feet _____ feet
_____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How 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 Johnson
Type PVC Model No. _____
Diameter 4 Slot size 8 Set from 250 feet to 255 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 57 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding 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 _____

255' PVC liner installed
6" drive shoe installed

MICROFILMED

This well
was
abandoned
May 3 06.
Bem

RECEIVED
MAY 09 2006
IDWR/North

RECEIVED

SEP 27 1985

SEP 21

Department of Water Resources

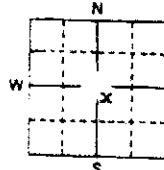
Department of Water Resources

10.

Work started 9/09/85 finished 9/11/85

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAI

NW-NW 1/4 SE 1/4 Sec. 6, T. 51N N/S. R. 5W, E/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 PONDEROSA DRILLING Firm No. 228

E. 6010 Broadway

Address Spokane, WA 99212 Date 9/11/85

Signed by (Firm Official) [Signature]

and W. Scott Barratt

(Operator) Lennis J. Rubin

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

