

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 95-10683
Date Received: 6/18/2009
Receipt No: NO20959 B
Received By: *Ch1*

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)

LAWRENCE EDINGER Phone: (208)667-8971
2837 S SILVER BEACH RD
COEUR D ALENE ID USA 83814-7770

OR

LORI KAYE GABOURY Phone: (208)661-9808
1801 COEUR D ALENE AVE
COEUR D ALENE ID USA 83814

OR

MIKE GABOURY Phone: (208)661-9808
1801 COEUR D ALENE AVE
COEUR D ALENE ID USA 83814

OR

JEANNIE M EDINGER Phone: (208)667-8971
S 2837 SILVER BEACH RD
COEUR D ALENE ID USA 83814

OR

HEIDI HYTA Phone: (509)879-5561
3616 N DICK RD
SPOKANE VALLEY WA USA 99212

2. Date of Priority: 03/09/1994

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
50N	03W	29	SE NW 2	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:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	03W	29	SE NW	2	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:

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):

Lawrence R. Edinger

Date:

6-22-09

Date:

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUse Typewriter
or
Ball Point Pen1. DRILLING PERMIT NO. 95 - 94 - N-46 -
Other IDWR No. _____

2. OWNER:

Name LAWRENCE EDINGER
Address 2335 S. SILVER BEACH LOOP ROAD
City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N			
	X		
	X		
S			

Twp. 50 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 29 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County _____

Address of Well Site SAME
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 Sacks or Pounds	METHOD
Material	From	To		
BENTONITE				
WELL SEAL	0	19	10 BAGS	POURED

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2.5	19	.250		☒	☐	☐	☐
4"	-4	144		160 psf	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
104	144	1/8x4"	120	4"		☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

53 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20 gpm			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8					
	0	8	FILL-BASALT BOULDERS		
	8	19	SHALE BROWN		
6					
	19	37	SHALE TAN W/ BROWN		
	37	132	GRANITE GREEN MED. SOFT		
	132	144	GRANITE GREEN FRACTURED		
			W/ WATER APROX. 20 gpm	20+	
			I BOLT ON TOP CAP		

Completed Depth _____ (Measurable)

Date: Started 3-9-94 Completed 3-9-94

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 Booth Service Firm No. 4418Firm Official Scott M. (S) Date 3-11-94and J. E. H. SIGNEDSupervisor or Operator Date 3-16-94

(Sign once if Firm Official & Operator)