

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 95-11056
Date Received: 8/27/2009
Receipt No: NO21888
Received By: *WA*

A

**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)

DAVID MC KEOWN Phone: (208)667-4983
6305 KINGSWOOD LN
COEUR D ALENE ID USA 83814

OR

KATHERINE MC KEOWN Phone: (208)667-4983
6305 KINGSWOOD LN
COEUR D ALENE ID USA 83814

2. Date of Priority: 03/15/1992

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 33 NE 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:

10. Place of use:
Township Range Section 1/4 of 1/4 Lot Use Acres
50N 03W 33 NE 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:

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: 2

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): Dave McKen

Date: 8-27-2009

Date: _____

RECEIVED

SEP 15 1995

NORTHERN REGION
LDWR

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.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

**USE TYPEWRITER OR
BALLPOINT PEN**

POSTED

WELL DRILLER'S REPORT

[illegible]

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

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 Dave McKeown
Address E 6465 Yellowstone Trail, Cda ID
Drilling Permit No. 95-92-N-17
Water Right Permit No. _____

7. WATER LEVEL

Static water level 383 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. NONE
Artesian closed-in pressure _____ p.s.i. IDWR
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ OF, Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

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

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>231</u> feet
<u>PVC 160</u> inches	<u>4</u> inches	<u>-12</u> feet	<u>443</u> feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☒ Yes ☐ No
Perforated? ☒ Yes ☐ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch ☐ GunSize of perforation 1/8 inches by 6 inches Saw

Number	From	To
<u>10</u> perforations	<u>403</u> feet	<u>423</u> feet
<u>10</u> perforations	<u>423</u> feet	<u>443</u> 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 131 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☒ Solvent☐ Cemented between strataDescribe access port Well cap

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
10	440	1 1/2

9. LITHOLOGIC LOG

Bore Diam.	Depth From	To	Material	Water Yes No
8	0	3	top soil	
8	3	41	brown clay & basalt gravel	
	41	55	tan clay	
	55	62	brown clay & basalt gravel	
	62	73	tan clay	
	73	117	tan clay & basalt cobble	
	117	132	hard basalt	
6	132	177	hard basalt	
	177	215	med hard basalt	
	215	220	soft basalt	
	220	225	broken basalt & tan clay	
	225	243	tan clay / sandstone mix	X
			1/2 gal	
	243	250	blue shale	
	250	261	hard brown clay	
	261	263	hard gray clay	
	263	277	soft gray clay & sand	
	277	296	brown clay	
	296	308	hard gray clay	
	308	314	med hard basalt	
	314	315	soft basalt	
	315	325	hard basalt	
	325	326	soft basalt	
	326	331	hard basalt	
	331	334	med hard basalt	
	334	418	hard basalt	
	418	421	soft basalt	X
	421	436	hard basalt	
	436	439	soft basalt	X
	439	443	hard basalt	

Shale trap installed at _____

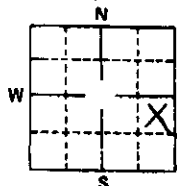
APR 2 1992

10.

Work started 2-26-92 finished 3-5-1992

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KootenaiNE 1/4 SE 1/4 Sec. 33, T. 50 S. R. 3 W. 3

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 Bronson Water Well Firm No. 360Address Spirit Lk, Id Date 3-9-1992Signed by (Firm Official) [Signature]

and

(Operator) _____