

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 95-10857
Date Received: 7/20/2009
Receipt No: NO21437
Received By: *Wd*

**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)

BARRY YOUNGS Phone: (208)683-3146
PO BOX 692
BAYVIEW ID USA 83803
OR
PATRICIA YOUNGS Phone: (208)683-3146
PO BOX 692
BAYVIEW ID USA 83803

2. Date of Priority: 09/27/1982

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
54N	02W	34	SW NW	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	0.02	

7. Total Quantity Appropriated is:
0.02 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
54N	02W	34	SW NW	DOMESTIC	
			SW NW	STOCKWATER	

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 ☒ 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):

Patricia Young

Date:

7.20.9

Date:

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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 BARRY YOUNG
Address PO BOX 692 BAYVIEW, IDA 83803
Owner's Permit No. 96-82-N-107

7. WATER LEVEL

Static water level 70 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 _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

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 250 inches Diameter 6 inches + 1 feet 19 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feetWas 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 _____ inchesNumber _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feetWell 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 _____ feetGravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 19 Material used in seal: ☐ Cement grout
☒ Puddling clay ☒ Well cuttingsSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☒ Overbore to seal depthMethod 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 KOOTENAINW ¼ SW ¼ Sec. 34, T. 54 N. R. 2 W.

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____Discharge G.P.M. 8 GPM Pumping Level 105 Hours Pumped 1 hr

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	2	TOP SOIL		X
	2	12	SANDY CLAY		X
	12	16	DECOMPOSED GRANITE		X
	16	92	FIRM GRANITE WITH BROKEN STRIPS		X
	92	113	BROKEN ROCK WITH LOOSE STRIPS COLORS ARE FROM BLACK-GRAY- GREEN-WHITE + CLEAR.	X	

RECEIVED
OCT 25 1982OCT 27 1982 Department of Water Resources
Northern District Office

10.

Work started 9-25-82 finished 9-27-82

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name BRAND X WATER WELLS Firm No. 289Address BATHURST, IDA Date 9-29-82Signed by (Firm Official) Lindon Gordon

and

(Operator) Lindon Gordon