

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 95-10597

Date Received: 5-29-09

Receipt No: 11020742

Received By: cm

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) Norman F. Meyer Phone 208) 691-0202

Mailing Address 7209 W Lancaster Rathdrum ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) 10/11/1994
5/29/2009
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (☒) or Other () (a) Ground Water well
which is tributary to (b) _____

4. Location of Point of Diversion is: Township S1N, Range 4W, Section 6,
SE SW
SW 1/4 of Sec 6 1/4, or Govt. Lot _____ BM. County of _____

Parcel (PIN) no. S1N04W-06-6600

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

well

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For domestic Home purposes from 01-01 to 12-31 amount .08 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .08 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 Home

9. Location of Place of Use is: Township S1N, Range 4W, Section 6,
SE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. S1N04W066600
for (Check One) **Domestic** (☒) **Stock** () **Domestic and Stock** () If different than shown in item 4

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes (☒) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None ()

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (☒) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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) n 4 map Date: 5/29/02

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

Last Name _____ Identification No. _____

State of Idaho
Department of Water Resources
Adjudication Claim

95-10597

Water Service Area Boundary for Norman F Meyer

May 29, 2009



Legend

-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters

0 0.045 0.09 0.18 Miles



OFFICE USE ONLY

Use Typewriter
or
Ball Point Pen

Twp 51N Rge 4W Sec 16 Ball
SE 1/4 SE 1/4 SW 1/4

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
35 EST.	N/A	298	2 HR.

Water Temp. COLD Bottom hole temp. COLD
Water Quality test or comments: CLEAR

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 51N North ☒ or South ☐
 Rge. 4W East ☐ or West ☒
 Sec. 6 1/4 SE 1/4 SW 1/4
 Gov't Lot _____ County KOOTENAI

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

(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	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	180	15	OVERBORE

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	298	250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe N/A Length of Tailpipe N/A

9. PERFORATIONS/SCREENS

Perforations

Method

❏ Screens

Screen Type

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

240 ft. below ground Artesian pressure _____ lb.

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

LEQ. 1 10 5111 40.5

3. DRILLER'S CERTIFICATION

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

Firm Name UNITED DRILLING INC. Firm No. 414

Firm Official Sam R. Valls CP Date 9-20-94

and

Supervisor or Operator Larry Vukobratovic Date 8/20/90

(Sign area if Elven Affinity 2. Otherwise