

**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 95-13363

Date Received: 8/24/09

Receipt No: N021841

Received By: K.S.

RECEIVED

AUG 24 2009

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

IDWR/North

1. Name of Claimant(s) DOLORAS RIVER LLC Phone 208 687-0909 0909

Mailing Address 24174 N. WENDLER RATON WY Zip 83850
Street or Box City State

2. Date of Priority: (Only one per claim) 12/11/08
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (☒) or Other () (a) _____

which is tributary to (b) _____

4. Location of Point of Diversion is: Township 53N, Range 4W, Section 32

SW 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 5450-001-001-0

Additional points of diversion if any: None

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.

Submersible pump in well

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

For Domestic purposes from 1/1 to 12/31 amount 0.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 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 53N, Range 4W, Section 32,
SW 1/4 of SW 1/4, Govt. Lot — BM. Parcel (PIN) no. 5450-001-001-0
If different than shown in Item 4
for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any None

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: 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) _____ Date: _____

_____ Date: _____

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

MANAGER Title of DOLORES RIVER LLC 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 Richard A. Red Date 8/24/09

Title and Organization MANAGER DOLORES RIVER LLC

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. _____

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. - - -
Other IDWR No. D0055502

2. OWNER:

Name Linda Reed
Address 24174 N. Wendler Loop
City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location

W  E

Twp. 53 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 32 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$
10 acres 40 acres 160 acres

S Gov't lot _____ County Kootenai

Lat: : : _____ Long: : : _____

Address of Well Site 24174 N. Wendler Loop
City Rathdrum

(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	18	300#	dry granular

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) ring bit

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	458	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

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:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
50+			4 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: Cold and clear

Depth first Water Encountered 449'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water					
Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.	Y	N
10"	0	1	Topsoil, gravel		
	1	6	Gravel, silt, sand		
	6	18	Gravel, coarse		
8"	18	26	Gravel, coarse		
	26	55	Gravel, sand		
	55	64	Gravel, coarse		
	64	81	Gravel, sand		
	81	126	Gravel, cobbles		
	126	127	Boulder		
	127	139	Gravel, sand		
	139	163	Sand, gravel		
	163	171	Sand, gravel, silt, grey		
	171	183	Gravel, sand		
	183	205	Sand, gravel		
	205	229	Gravel, sand		
	229	268	Gravel, coarse		
	268	284	Gravel, cobbles		
	284	311	Cobbles		
	311	326	Gravel, sand, silt, grey		
	326	365	Gravel, sand		
	365	366	Boulder		
	366	381	Gravel, sand, silt, grey		
	381	422	Sand, silt, grey		
	422	431	Gravel, sand, silt		
	431	436	Gravel, sand		
	436	449	Sand, gravel		
	449	453	Gravel, sand, medium		
	453	460	Gravel, coarse		

Completed Depth: 458 (Measurable)

Date: Started 12/09/08 Completed 12/11/08

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 12-11-08

Supervisor or Operator _____
(Sign once if Firm Official & Operator)

Date _____

Date: 2/24/2009 Time:5:19:09 PM

DOLORES RIVER LLC



0 137.5 275 550 825 1,100 Feet

Legend

-  workingpod
-  workingpou
-  QQ
-  Taxlots

