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 95-11199
Date Received: 9/17/2009
Receipt No: N022162
Received By: J.T.

**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)

RICHARD DICKISON
SANDRA L DICKISON
212 W IRONWOOD DR STE D-136
COEUR D ALENE ID USA 83814

Phone: (208)667-4080

2. Date of Priority: 08/14/2003

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County | Type |
|---|---|---|---|---|---|---|---|---|
| 49N | 03W | 9 | SW | NW | | 6 | KOOTENAI | |

5. Description of diverting works:

6 INCH WELL WITH SUBMERSIBLE PUMP

6. Water is used for the following purposes:

| Purpose | From | To | C.F.S. | (or) A.F.A |
|---|---|---|---|---|
| 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:
Number of homes: 1

10. Place of use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use | Acres |
|---|---|---|---|---|---|---|---|
| 49N | 03W | 9 | SW | NW | 6 | 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: _____

**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: 9/17/09

_____ Date: _____

Consulting and Management Services

# 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: : :

**WELL TAG NO.** D0028768
Drilling Permit No:
Other IDWR No.

**2. OWNER** **Well Number:** 632
Name DICKISON, RICHARD
Address 3200 OLD HWY 53
City CLEARLAKE State CA Zip 95422

**3. LOCATION OF WELL by legal description**
sketch map location must agree with written location

N / W / E / S — X

Twp. 49 ☑ North or ☐ South
Rge. 3 ☐ East or ☑ West
Sec. 9 _____ 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site ~~4269~~ 4177 E. ~~EDGEMERE~~ EAGLES NEST ROAD
(Give at least name of road + Distance to Road or Landmark)
City HARRISON
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 Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| DRY GRANULE | | | | |
| BENTONITE | 0 | 18 | 4 BAGS | OVERBORE |
| | | | | |

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 18'
Was drive shoe seal tested? ☐ Y ☑ N How?

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Materi | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | +2 | 18 | .250 | STEEL | ☑ | ☐ | ☑ | ☐ |
| 4 | -6 | 602 | .160 | PVC | ☐ | ☑ | ☑ | ☐ |
| | | | | | | | | |

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 |
|---|---|---|---|---|---|---|---|
| -562 | 602 | 1/8 X 6 | 100 | 4 | PVC | ☐ | ☑ |
| | | | | | | | |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
120 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 260 ft. Describe access port or control devices:

**11. WELL TESTS:**
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 5 | | | 1 HR |
| | | | |
| | | | |

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 140

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

| Bore Diam | From | To | Remarks: Lithology, Water Quality, Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8 | 0 | 2 | Top Soil | ☐ | ☐ |
| 8 | 2 | 9 | Clay W/ Gravel | ☐ | ☐ |
| 8 | 9 | 18 | Basalt | ☐ | ☐ |
| 6 | 18 | 131 | Basalt Interbeds | ☐ | ☐ |
| 6 | 131 | 150 | Basalt | ☑ | ☐ |
| 6 | 150 | 181 | Basalt | ☐ | ☐ |
| 6 | 181 | 250 | Brown Hard Clay | ☐ | ☐ |
| 6 | 250 | 260 | Hard Gray Clay | ☑ | ☐ |
| 6 | 260 | 602 | Gray Shale | ☑ | ☐ |

COPY

Completed Depth 602 (Measurable)
Date: Started 8/13/03 Completed 8/14/03

**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 **H20 WellService, Inc.** Firm No. **448**
Firm Official _____ Date _____
and
Supervisor or Operator _____ Date _____
(Sign Once if Firm Offical and Operator)

(Todd Morgan)