

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 95-11387
Date Received: 10/19/2009
Receipt No: *NO 22520*
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)

DEWEY FAMILY TRUST Phone: (208)689-3737

4051 W TULE LN
WORLEY ID USA 83876

2. Date of Priority: 12/01/1978

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
47N	04W	4	NW NE 1	KOOTENAI	

5. Description of diverting works:

1 1/2 HP PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	1.2

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or 1.2 A.F.A.

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
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47N

04W 4

NW NE 1

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:

Priority date based on Kootenai County tax records. Well currently in use drilled in 2005 replaced original well

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 Organizations:

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

Trustee of Dewey Family Trust
Title Organization

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

Trustee of Dewey Family Trust

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

M. K. Dewey
Signature of Authorized Agent

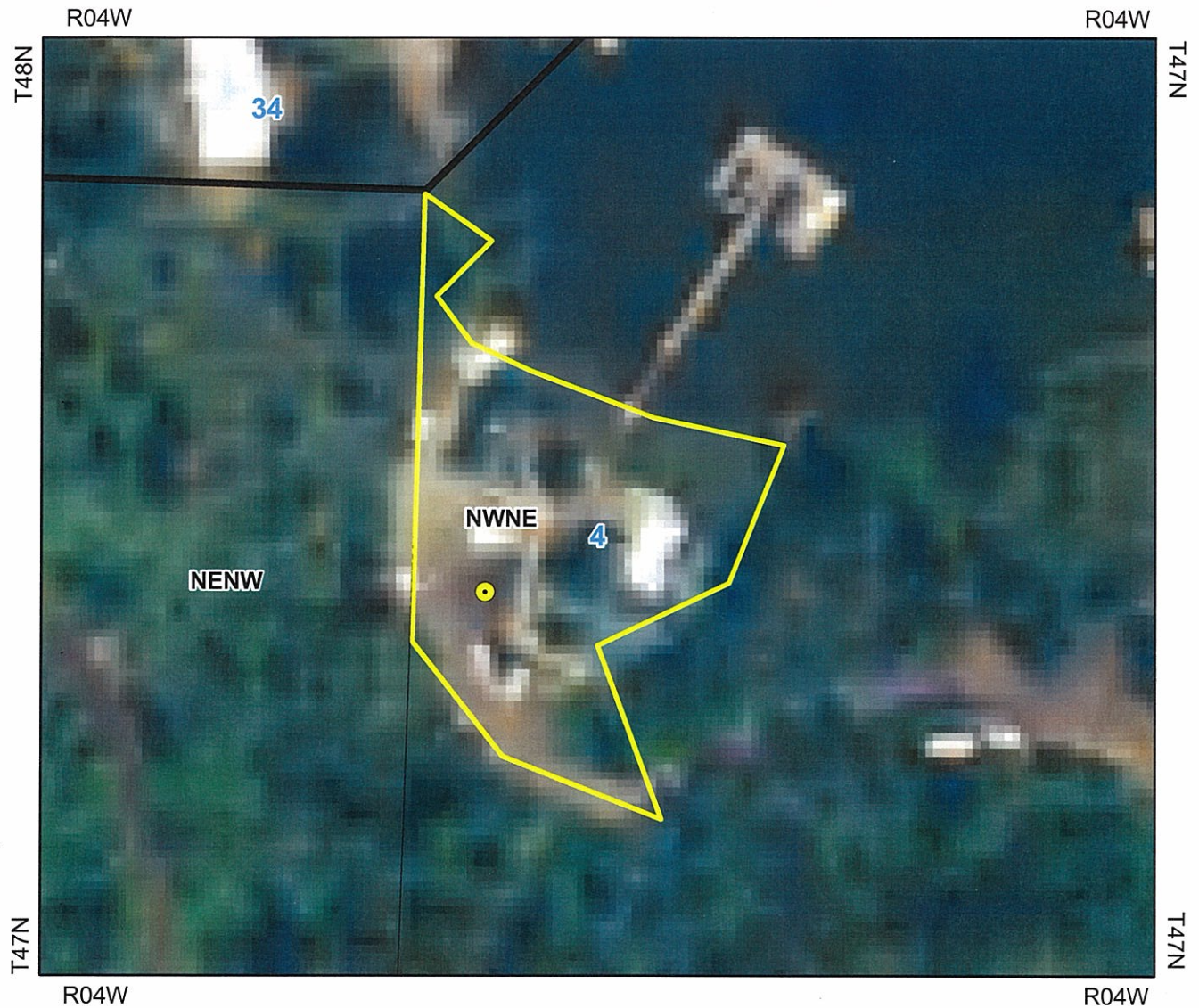
Title and Organization

10-19-09

Date

State of Idaho
Department of Water Resources
Adjudication Claim
95-11387

Water Service Area Boundary for Dewey Family Trust



Legend

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

0 0.005 0.01 0.02 Miles



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0040833
DRILLING PERMIT NO. 836013
Water Right or Injection Well No. _____

2. OWNER:
Name Kerth Dewey
Address 4057 West Tule Ln
City Worley State ID Zip 83376

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 47 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 4 1/4 NE 1/4 SW 1/4
Gov't Lot _____
County Kootenai

Lat: _____ Long: _____
Address of Well Site Cottonwood way & Tule Lane

(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	25	15 Sacks	Poor

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	250	Steel	☒	☐	☒	☐
4	-15	150	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-150	150	1"	50	4	PC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

160 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 60 ft. Describe access port or control devices: cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>75+</u>			<u>2 hrs</u>

Water Temp. 47° Bottom hole temp. _____

Water Quality test or comments: Silty - 1000

Depth first Water Encounter 60

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	30	Broken Basalt			
	30	40	Hard Basalt			
	40	120	Hard Basalt			
	120	130	Clay Grey			
	130	150	Sand Fine w/silt			

RECEIVED

OCT 18 2005

IDWR/North

Completed Depth 150 (Measurable)

Date: Started 9/15/05 Completed 9/16/05

14. DRILLER'S CERTIFICATION

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

Company Name Ally's Drilling Inc Firm No. 510

Principal Driller Stanley Wolf Date 10/16/05

Driller or Operator II Dan McNamee Date 10/16/05

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES