

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 95-14502

Date Received: 10/26/19

Receipt No: 1072602

Received By: [Signature]

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) Jose and Jacqueline Melendreras Phone (208) 457-8423

Mailing Address 3005 S. Alexanna Ln Pot Falls ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 3/29/04
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 50N, Range 6W, Section 25
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai County
Parcel (PIN) no. 7500

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 & Pump

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 .04 cfs
For Stock purposes from 1-1 to 12-31 amount .02 cfs

7. Total Quantity claimed .06 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
10-12 head

9. Location of Place of Use is: Township 50N, Range 5W, Section 25,
NE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

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 County

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: _____

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) [Signature] Date: 10/26/09

_____ 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 [Signature]

Address _____

Date _____

Last Name _____ Identification No. _____

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0033562

Drilling Permit No. _____

Other IDWR No. _____

2. OWNER:

Name Joe Melendreras

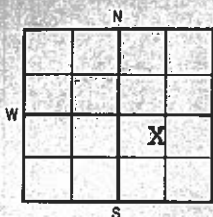
Address 6171 Alexanna Lane

City Post Falls

State ID Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 50N

North ☒ or South ☐

Rge. 6W

East ☐ or West ☒

Sec. 25

1/4 NW 1/4 SE 1/4

Gov't Lot _____

County Kootenai

Lat: _____

Long: _____

Address of Well Site 6171 Alexanna Ln

City Post Falls

(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	
Barroid Bent 30 mesh	0	18	4 bags	pumped slurry

Was drive shoe used? ☒ N Shoe Depth(s) 18'

Was drive shoe seal tested? ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	2	18	.250	steel	☒	☐	☒	☐
4	6	120	.200	PVC	☐	☒	☐	☐

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:

35 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 87 ft. Describe access port or control devices: 1" access port w/ cap

Inspected by _____

Twp _____ Rge _____

1/4 _____ 1/4 _____

Lat: _____ Lon _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flow

Yield gail/min	Drawdown	Pumping Level
60		120

Water Temp. cold Bottom _____

Water Quality test or comments: good

Depth first V _____

12. LITHOLOGIC LOG: (Describe repairs or ab)

Bore Dia	From	To	Remarks: Lithology, Water Quality &
10	0	1	Topsoil, Sandy
10	1	4	Granite, Decompose
10	4	18	Granite, Medium
6	18	87	Granite, Medium
6	87	91	Granite, Highly Fractured - Water
6	91	120	Granite, Medium

Completed Depth 120

Date: Started 3/29/04 Completed _____

13. DRILLER'S CERTIFICATION

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

Company Name J & J Drilling, Inc

Firm Official [Signature] Date 4/13

and _____

Driller or Operator [Signature] Date 4/13

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES