

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 95-14535

Date Received: 10/29/2009

Receipt No: N022651

Received By: Ann

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) Dale Eandlor Debra R Johnson Phone (20) 457-9290

Mailing Address 8181 Raging Bull Street or Box Post Falls ID Zip 83854
City State

2. Date of Priority: (Only one per claim) 10/1/2005
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (x) or Other () (a) N/A
which is tributary to (b) N/A

4. Location of Point of Diversion is: Township 51N, Range 5W, Section 23
SE 1/4 of SW 1/4, or Govt. Lot BM. County of Kootena County

Parcel (PIN) no. 0-7165-00-003-0

Additional points of diversion if any: N/A

If available, GPS coordinates: N/A

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.

D0033474 Well completed 2004
connected to one home

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

For domestic purposes from 01-01 to 12-31 amount 0.04 cfs (x) or AFY ()

For purposes from to amount

7. Total Quantity claimed .04 cfs (x) or AFY ()

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

Stockwater and Number of livestock) one home

9. Location of Place of Use is: Township 51W, Range 5W, Section 23,
SE 1/4 of SW 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 N/A

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) Debra R Johns Date: 10/29/09

_____ 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 _____

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. WELL TAG NO. **D0033474**
DRILLING PERMIT NO. **809896** **IDWR/North**
Other IDWR No. _____

2. OWNER:
Name **Debbie Johnson**
Address **7305 Crenshaw**
City **Rathdrum** State _____ Zip **83858**

3. LOCATION OF WELL by legal description:
N Twp **51N** North ☒ or South ☐
Rge **05W** East ☐ or West ☒
Sec **23** 1/4 SW 1/4 SW 1/4
Gov't Lot _____ County **Kootenai**
Lat _____ Long _____
Address of Well Site: (see next line)

Raging Bull Lane Well #1 City _____
Lot _____ Blk _____ Sub. Name (see next line)

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/Lbs	
Bentonite Grans	0	18	7 sacks	Pour in

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) _____ Ring Bit 303
Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	2	303	0.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations? Method **Air Perforator**
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
280	300	1x1/4	200	6	Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE
235 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 235 ft. Describe access port or control devices: **Steel Cap Welded**

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
20	100%	300	1 hour

Water Temp. _____ Cold Bottom hole temp. _____ Cold
Water Quality test or comments: (below) Depth first Water Encountered 235
Clear, Cold, and No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water
				Y N
8	0	2	Top Soil	☐ ☒
8	2	40	Sand and Gravel 1 inch minus	☐ ☒
8	40	180	Sand and Gravel 3/4 minus	☐ ☒
8	180	184	Boulder	☐ ☒
8	184	195	Sand and Gravel 3/4 minus	☐ ☒
8	195	197	Clay Gray	☐ ☒
8	197	235	Sand and Gravel 3/4 minus	☐ ☒
8	235	303	Sand and Gravel 3/4 minus	☒ ☐

Completed Depth 303 (Measurable)
Date: Started 1/7/04 Completed 1/12/04

13. DRILLERS 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 **Jason C. Beckham** Date **1/15/04**
Supervisor or Operator **Jason C. Beckham** Date **1/15/04**

51N 5W 23

JOHNSON PIN 48N05W-27-4600

