

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 95-14714

Date Received: 11/20/2009

Receipt No: NO22946

Received By: dm

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

or of OK

1. Name of Claimant(s) Donald and Gina Sutton Phone (208) 772-2622

Mailing Address 11688 n. Kensington Ave Hayden Lake, Id Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) 05/15/2003
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 5N, Range 3W, Section 15
NW 1/4 of SW 1/4, or Govt. Lot 5 BM. County of Kootenai

Parcel (PIN) no. 0-3500-0000-76-0

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.

Tag D&D 28345 well completed 2003
connected to our 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 Jan 1 to Dec 31 amount .04 cfs

For _____ purposes from _____ to _____ amount _____

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

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

Stockwater and Number of livestock) one household

9. Location of Place of Use is: Township 5N, Range 3W, Section 15,
NW 1/4 of SW 1/4, Govt. Lot 5 BM. Parcel (PIN) no. 02
If different than shown in Item 4
for (Check One) Domestic (☒) Stock () Domestic and Stock ()
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:
lake front property

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: 11/29/2009

[Signature]
[Signature]

Date: 11.20.09

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 _____ Date _____

Address _____

Last Name Sutton 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. D0028345

Drilling Permit No: 800634

Other IDWR No. :

RECEIVED
MAY 22 2003
IDWR/North

2. OWNER

Name SUTTON, DON

Well Number:

564

Address 11688 N. KENSINGTON AVE.

City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N					
W		X		E	
S					

Twp. 51 ☒ North or ☐ South
Rge. 3 ☐ East or ☒ West
Sec. 15 ☐ 1/4 NW ☐ 1/4 SW ☐ 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :

Address of Well Site YELLOW BANKS

City HAYDEN

(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	
DRY GRANULE				
BENTONITE	0	20	6 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 176Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	176	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☒ Perforations Method DOWN HOLE PERFORATOR
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-160	175	1/4 X 2	180	6	STEEL	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

110 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 175 ft. Describe access port or control devices: _____

51N 3W 15

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15+		175'	1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: GOOD

Depth first Water encountered 120

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	2	Fill	☐	☐
8	2	48	Clay Soil w/ Yellowish Gravel	☐	☐
8	48	82	Redish Brown Clay	☐	☐
8	82	176	Gravel Cemented w/ Brwn Clay Seem	☒	☐
6	176	180	Gravel Cemented w/ Brwn Clay Seem	☐	☐
6	180	180	Pea Gravel from 155' to 180'	☐	☐

Completed Depth 180 (Measurable)

Date: Started 5/8/03 Completed 5/9/03

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 H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 5-19-03

and Supervisor or Operator [Signature] Date 5-19-03

(Sign Once if Firm Official and Operator)

(Louie Hanner)

SUTTON PIN 0-3500-000-076-0

