

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 95-11591
Date Received: 11/30/2009
Receipt No: *NV 230326*
Received By: *W*

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

RECEIVED
DEC-3 2009
IDWR/North

1. Name of Claimant(s)

MICHAEL D THOMAS Phone: (208)659-4368
14651 N REFLECTION RD
RATHDRUM ID USA 83858

OR

MICHELE C BOVEE-THOMAS Phone: (208)659-4368
14651 N REFLECTION RD
RATHDRUM ID USA 83858

2. Date of Priority: 06/11/1979

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
51N	05W	4	NW NW 4	KOOTENAI	

5. Description of diverting works:

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	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
51N	05W	4	NE NW 3	DOMESTIC	
			NW NW 4	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: 1

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: 11.30.09

Date: _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>William L. Wolf</u> Address <u>Box 131 - Rathdrum, ID 83858</u> Owner's Permit No. <u>95-79-N-114</u>	7. WATER LEVEL Static water level <u>22'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____																																																										
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>1 GPM</td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	1 GPM																																																						
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td rowspan="6">6"</td><td>0</td><td>19</td><td>Sand & Gravel</td><td></td><td>X</td></tr><tr><td>19</td><td>20</td><td>Shale, Black</td><td></td><td>X</td></tr><tr><td>20</td><td>22</td><td>Shale / 1 GPM</td><td></td><td>X</td></tr><tr><td>22</td><td>30</td><td>Shale, Black</td><td></td><td>X</td></tr><tr><td>30</td><td>110</td><td>Granite, Salt & Pepper</td><td></td><td>X</td></tr><tr><td>110</td><td>120</td><td>Black Granite With Green Flakes</td><td></td><td>X</td></tr><tr><td>120</td><td>265</td><td>Granite, Salt & Pepper</td><td></td><td>X</td></tr><tr><td colspan="6" style="text-align: center;">260' of 4" PVC Liner Installed</td></tr><tr><td colspan="6" style="text-align: center;">RECEIVED JUL 23 1979 Department of Water Resources Northern District Office</td></tr></tbody></table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	19	Sand & Gravel		X	19	20	Shale, Black		X	20	22	Shale / 1 GPM		X	22	30	Shale, Black		X	30	110	Granite, Salt & Pepper		X	110	120	Black Granite With Green Flakes		X	120	265	Granite, Salt & Pepper		X	260' of 4" PVC Liner Installed						RECEIVED JUL 23 1979 Department of Water Resources Northern District Office					
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. Work started <u>06/06/79</u> finished <u>06/11/79</u>																																																										
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>.250 inches</td><td>6"</td><td>inches + <u>+1'</u> feet</td><td><u>19'</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>19'</u> Material used in seal: ☐ Cement grout ☒ Puddling clay ☐ Well cuttings Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	.250 inches	6"	inches + <u>+1'</u> feet	<u>19'</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Ponderosa Drilling</u> Firm No. <u>228</u> East 6010 Broadway Address <u>Spokane, WA 99206</u> Date <u>06/14/79</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u>																										
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6. LOCATION OF WELL Sketch map location must agree with written location. N W E S Subdivision Name _____ Lot No. _____ Block No. _____ The West 1/2 of Gov't. Lot 4 County <u>Kootenai</u> _____ 1/4 _____ 1/4 Sec. <u>4</u>, T. <u>51</u> NN/S, R. <u>5</u> W E/W.	12. USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT																																																										