

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 95-13121
Date Received: 7/27/2010
Receipt No: **ND25302**
Received By: *MM*

**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)

GARY D SIEGFORD Phone: (208)818-2375
PMB 313
212 IRONWOOD DR
COEUR D ALENE ID USA 83814

OR

JUDY E SIEGFORD Phone: (208)818-2375
PMB 313
212 IRONWOOD DR
COEUR D ALENE ID USA 83814

2. Date of Priority: 04/21/2005

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County	Type
48N	04W	19	SW	SW	SW	5	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 of	Lot	Use	Acres
48N	04W	19	SW	SW	5	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: NONE

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 ☒ 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): GDS, H Date: 7/27/10

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0040051
 DRILLING PERMIT NO. 832744
 Water Right or Injection Well No. _____

2. OWNER:
 Name Bill Matson
 Address 13603 S. Valley Chappel Rd.
 City Valley Ford State Id. Zip 99036

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 48 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 19 1/4 5/4 1/4 5/4 1/4
 Gov't Lot _____
 County Kootenai
 Lat: _____ Long: _____
 Address of Well Site 20542 S. West Point Rd.
 City Worley ID
 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
<u>Bentonite</u>	<u>0</u>	<u>35</u>	<u>9.5x</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 80'
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-80</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-15</u>	<u>-123</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method Skill Saw
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-63</u>	<u>-123</u>	<u>1/8"</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
46' ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 62' ft. Describe access port or control devices: well cap
48N 4W 19

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

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30 gpm</u>	<u>Air Lift</u>	<u>from 123'</u>	

Water Temp. 48° Bottom hole temp. _____
 Water Quality test or comments: Slightly Turbid
 Depth first Water Encounter 65'

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>43</u>	<u>Clay - Tan w/ Basalt</u>		
	<u>43</u>	<u>62</u>	<u>Basalt - Broken w/ clay</u>		
	<u>62</u>	<u>80</u>	<u>Basalt - Broken w/ water</u>		
			<u>79 gpm</u>		
<u>6"</u>	<u>80</u>	<u>123</u>	<u>Basalt Broken w/ water</u>		
			<u>30 gpm</u>		

RECEIVED
 MAY 21 2005
 IDWR/NOH

Completed Depth 123 (Measurable)
 Date: Started 4-20-05 Completed 4-21-05

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 Action Drilling Inc Firm No. 610
 Principal Driller Alvin Carris Date 5-17-05
 and
 Driller or Operator II _____ Date _____
 Operator I Alvin Carris Date 5-17-05
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.