

**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 95-14790

Date Received: 12/9/2009

Receipt No: N023065

Received By: Am

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) Ronald W Bider Phone 208 773 9994

Mailing Address 18049 W Riverview Postfalls Id Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 10 31 1993
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 50 N, Range 5 W, Section 8
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 50N05W-08-5035

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.

95-93-N-147-000 well completed 1993
we Connected To 1 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 .04 cfs ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 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

9. Location of Place of Use is: Township 50 N, Range 5 W, Section 8,

NE 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) Ronald W. Bales Date: 12/9/09

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 _____

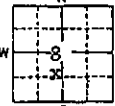
Date _____

Last Name _____ Identification No. _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTRECEIVED
USE TYPEWRITER OR
JAN 12 1994 ALPPOINT PEN

Department of Water Resources

State 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>MR RON BOLES</u> Address <u>311 N 7TH COEUR D'ALENE ID 83814</u> Drilling Permit No. <u>95-93-N-147-000</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>30</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 _____ Describe artesian or temperature zones below.																																																																																																																																																																																		
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ 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 to 1 1/2</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 to 1 1/2																																																																																																																																																																														
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG 89583 <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore 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>3</td><td>0</td><td>24</td><td>SOIL, & BOULDERS W/COBBLES</td><td></td><td>X</td></tr><tr><td>6</td><td>24</td><td>38</td><td>GRANITE WHT, W/BRWN SOFT W</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>APPROXIMATE 1 GPM</td><td>X</td><td></td></tr><tr><td>6</td><td>38</td><td>46</td><td>GRANITE BLACK W/COPPER HARD</td><td></td><td>X</td></tr><tr><td>6</td><td>46</td><td>53</td><td>" WHITE & GREEN MED</td><td></td><td>X</td></tr><tr><td>6</td><td>53</td><td>62</td><td>" BLACK & WHITE MED</td><td></td><td>X</td></tr><tr><td>6</td><td>62</td><td>125</td><td>" BLACK & COPPER MED SOFT</td><td></td><td>X</td></tr><tr><td>6</td><td>125</td><td>143</td><td>" WHT W/BLACK MED</td><td></td><td>X</td></tr><tr><td>6</td><td>143</td><td>153</td><td>" WHITE & GREEN SOFT</td><td></td><td>X</td></tr><tr><td>6</td><td>153</td><td>177</td><td>" WHITE & BLACK MED</td><td></td><td>X</td></tr><tr><td>6</td><td>177</td><td>182</td><td>" WHITE & GREEN SOFT</td><td></td><td>X</td></tr><tr><td>6</td><td>182</td><td>188</td><td>" BLACK & COPPER W/WHT</td><td></td><td>X</td></tr><tr><td>6</td><td>188</td><td>203</td><td>" WHT & BLK W/COPPER</td><td></td><td>X</td></tr><tr><td>6</td><td>203</td><td>209</td><td>" WHT & GREEN MED</td><td></td><td>X</td></tr><tr><td>6</td><td>209</td><td>218</td><td>" WHT & BLK W/COPPER</td><td></td><td>X</td></tr><tr><td>6</td><td>218</td><td>225</td><td>" WHT W/QUARTZ MED</td><td></td><td>X</td></tr><tr><td>6</td><td>225</td><td>230</td><td>" BLK & COPPER W/MICA</td><td></td><td>X</td></tr><tr><td>6</td><td>230</td><td>236</td><td>" WHT & W/QUARTZ MED</td><td></td><td>X</td></tr><tr><td>6</td><td>236</td><td>251</td><td>" BLK & COPPER MED</td><td></td><td>X</td></tr><tr><td>6</td><td>251</td><td>263</td><td>" WHT & BLACK W/BROWN</td><td></td><td>X</td></tr><tr><td>6</td><td>263</td><td>269</td><td>" BLK WHITE HARD</td><td></td><td>X</td></tr><tr><td>6</td><td>269</td><td>272</td><td>" WHITE & BLK HARD</td><td></td><td>X</td></tr><tr><td>6</td><td>272</td><td>295</td><td>" BLK & WHITE HARD</td><td></td><td>X</td></tr><tr><td>6</td><td>295</td><td>308</td><td>" WHT W/QUARTZ MED</td><td></td><td>X</td></tr><tr><td>6</td><td>308</td><td>318</td><td>" BLK & COPPER SOFT</td><td></td><td>X</td></tr><tr><td>6</td><td>318</td><td>323</td><td>" WHT & GREEN W/BLK</td><td></td><td>X</td></tr><tr><td>6</td><td>323</td><td>341</td><td>" BLK & COPPER W/MICA</td><td></td><td>X</td></tr><tr><td>6</td><td>341</td><td>360</td><td>" BLACK & WHITE SOME BRWN</td><td></td><td>X</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	3	0	24	SOIL, & BOULDERS W/COBBLES		X	6	24	38	GRANITE WHT, W/BRWN SOFT W						APPROXIMATE 1 GPM	X		6	38	46	GRANITE BLACK W/COPPER HARD		X	6	46	53	" WHITE & GREEN MED		X	6	53	62	" BLACK & WHITE MED		X	6	62	125	" BLACK & COPPER MED SOFT		X	6	125	143	" WHT W/BLACK MED		X	6	143	153	" WHITE & GREEN SOFT		X	6	153	177	" WHITE & BLACK MED		X	6	177	182	" WHITE & GREEN SOFT		X	6	182	188	" BLACK & COPPER W/WHT		X	6	188	203	" WHT & BLK W/COPPER		X	6	203	209	" WHT & GREEN MED		X	6	209	218	" WHT & BLK W/COPPER		X	6	218	225	" WHT W/QUARTZ MED		X	6	225	230	" BLK & COPPER W/MICA		X	6	230	236	" WHT & W/QUARTZ MED		X	6	236	251	" BLK & COPPER MED		X	6	251	263	" WHT & BLACK W/BROWN		X	6	263	269	" BLK WHITE HARD		X	6	269	272	" WHITE & BLK HARD		X	6	272	295	" BLK & WHITE HARD		X	6	295	308	" WHT W/QUARTZ MED		X	6	308	318	" BLK & COPPER SOFT		X	6	318	323	" WHT & GREEN W/BLK		X	6	323	341	" BLK & COPPER W/MICA		X	6	341	360	" BLACK & WHITE SOME BRWN		X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	10. NORTHERN REGION Work started <u>07/29/93</u> finished <u>07/30/93</u>																																																																																																																																																																																		
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ Diameter _____ From _____ To _____ <u>250</u> inches <u>6</u> inches + <u>1.5</u> feet <u>24</u> feet <u>200</u> inches <u>4</u> inches - <u>10</u> feet <u>360</u> feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated skill Saw ☒ Yes ☐ No PVC How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? <u>1/4</u> inches by <u>4</u> inches _____ Number _____ <u>100</u> perforations <u>60/100</u> feet <u>60/120</u> feet <u>50</u> perforations <u>200</u> feet <u>220</u> feet <u>100</u> perforations <u>320</u> feet <u>340</u> feet Well screen installed? ☐ Yes ☒ No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ 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>24</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ 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 _____	11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>H2O WELL SVC INC</u> Firm No. <u>#448</u> Address <u>582 W HAYDEN AVE</u> Date <u>07/30/93</u> Signed by Drilling Supervisor <u>[Signature]</u> and <u>[Signature]</u> (Operator) <u>[Signature]</u> (if different than the Drilling Supervisor)																																																																																																																																																																																		
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> Address of Well Site <u>W RIVERVIEW</u> (give at least name of road) <u>NE</u> 1/4 <u>SW</u> 1/4 Sec. <u>8</u> T. <u>50</u> N ☒ or S ☐ R. <u>5</u> E ☐ or W ☒	12. RECEIVED AUG 16 1993 NORTHERN REGION IDWR FEB 09 1995																																																																																																																																																																																		

BOLES PIN 50N05W-08-5035

