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MAR 31 2011

IDWR / NORTH

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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 95-14986

Date Received: 3/31/11

Receipt No: N026829

Received By: [Signature]

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) Ginny Tate Phone (208) 765-5432Mailing Address 4176 E Potlatch Hill RD Coeur d'Alene IDA ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 2-27-2001 Drillers report
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 50N, Range 3W, Section 19,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 0-2089-001-001-0

Additional points of diversion if any: _____

If available, GPS coordinates: _____

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.

Pump + well

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

For Domestic purposes from 1/1 to 12/31 amount 0.04 cfs ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) _____

9. Location of Place of Use is: Township 50N, Range 3W, Section 19,
SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. R Same
If different than shown in Item 4
for (Check One) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any _____

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: 3

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) [Signature] Date: 3/31/11

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 _____ Date _____

Address _____

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. D0017022

Drilling Permit No:
Other IDWR No.

768033

2. OWNER

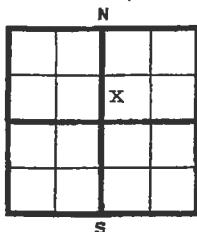
Name Ginny Tate

Address 409 N 16th

City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South

Rge. 03 ☐ East or ☒ West

Sec. 19 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site Potlatch Hill Road
City Coeur d'Alene

(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	
BENTONITE	0	18	5 sacks	overbore

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	19	.250	steel	☒	☐	☒	☐
6	+2	-166	.250	steel	☒	☐	☒	☐
5	-158	-166	.250	steel	☒	☐	☒	☐

Length of Headpipe 8' Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☒ Screens Screen Type Johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-166	-176	10		5	ss	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

120 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
Variable 5			

Water Temp. cold _____ Bottom Hole Temp. cold _____

Water Quality test or comments: clear

Depth first Water encountered 166

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	8	Topsoil	☐	☒
10	8	4	Basalt broken	☐	☒
10	4	18	Basalt	☐	☒
8	18	162	Basalt	☐	☒
8	162	166	Clay w/shale & Basalt	☐	☒
8	166	181	Sand w/H2O	☒	☐
8	181	196	Basalt	☐	☒

Completed Depth 176 (Measurable)
Date: Started 2/26/01 Completed 2/27/01

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 Well Service, Inc. Firm No. 448

Firm Official Todd Morgan Date 3-2-01

and Supervisor or Operator Todd Morgan Date 3-1-01

(Sign Once if Firm Official and Operator)

Todd Morgan

50N 3W 19

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT
RECEIVED

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	:	Long: :

1. WELL TAG NO. D0028494 JUL 09 2003Drilling Permit No: 804602
Other IDWR No. IDWR/North2. OWNER Well Number: 588
Name TATE, GINNY IAddress 409 N. 16TH
City COEUR D' ALENE State ID Zip 883143. LOCATION OF WELL by legal description
sketch map location must agree with written location

N				
		X		
S				

Twp. 50 ☒ North or ☐ South
Rge. 3 ☐ East or ☒ West
Sec. 19 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site POTLATCH HILL RD.
City COEUR D' ALE

(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	

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	-166	197	.250	STEEL	☒	☐	☒	☐
4	-5	232	.160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Screen Type PVC PRE-PACK

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
200	210	10	1	4	PVC	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

150 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 166 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
7			1 HR

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: CLEARDepth first Water encountered 166

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
6	196	230	Basalt	☒	☐
6	230	232	Gray Clay w/ Shale	☐	☐

Completed Depth 232 (Measurable)
 Date: Started 6/16/03 Completed 6/18/03

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 6-23-03
 and
 Supervisor or Operator [Signature] Date 6-23-03

(Sign Once if Firm Official and Operator)

(Todd Morgan)

50N 3W 19

APPLICATION



Legend

- QQ
- Township/Range
 - Sections
 - Taxlots

