

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 95-14644

Date Received: 11/12/2009

Receipt No: N022813

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) ROBERT LATHR SHERRY VAN PETER Phone 208 773 2530

Mailing Address 11953 W- RAMBLING ROSE LN POST FALLS ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 08 01 1988
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 5W, Section 10,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 50N05W-10-7055

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.

95-88-N-3 WELL COMPLETED 1988
CONNECTED TO ONE 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 12-31-09 amount 0.04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

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

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

Stockwater and Number of livestock) ONE HOME

9. Location of Place of Use is: Township 50N, Range 5W, Section 10,
SW 1/4 of SE 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) Sherry Van Dellen Date: 11-12-09

_____ 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 _____

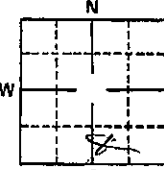
Date _____

Last Name _____ Identification No. _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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.

USE TYPEWRITER OR
BALLPOINT
RECEIVED
MAR - 3 1988

1. WELL OWNER Name <u>ROBERT CARPENTER</u> Address <u>1380 PENNY LAKE FALLS</u> Owner's Permit No. <u>95-88-N-3</u>	7. WATER LEVEL Department of Water Resources 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 <u>60</u> °F, Quality <u>GOOD</u> <i>Describe artesian or temperature zones below.</i>																																																																
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>10</u></td> <td><u>165</u></td> <td><u>2</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>10</u>	<u>165</u>	<u>2</u>																																																										
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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">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>8</td> <td>0</td> <td>36</td> <td>TAP SAND & DECOMPOSED GRANITE</td> <td></td> <td>X</td> </tr> <tr> <td>8</td> <td>36</td> <td>38 1/2</td> <td>HARD BLUE GRAY GRANITE</td> <td></td> <td>X</td> </tr> <tr> <td>6</td> <td>38 1/2</td> <td>90</td> <td>" " " "</td> <td></td> <td>X</td> </tr> <tr> <td>6</td> <td>90</td> <td>95</td> <td>SOFT BLUE GRAY GRANITE</td> <td></td> <td>X</td> </tr> <tr> <td>6</td> <td>95</td> <td>130</td> <td>HARD BLUE GRAY GRANITE</td> <td></td> <td>X</td> </tr> <tr> <td>6</td> <td>130</td> <td>135</td> <td>SOFT " " "</td> <td></td> <td>X</td> </tr> <tr> <td>6</td> <td>135</td> <td>155</td> <td>HARD " " "</td> <td></td> <td>X</td> </tr> <tr> <td>6</td> <td>155</td> <td>165</td> <td>SOFT " " "</td> <td>X</td> <td></td> </tr> <tr> <td>6</td> <td>165</td> <td>175</td> <td>HARD " " "</td> <td></td> <td>X</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	36	TAP SAND & DECOMPOSED GRANITE		X	8	36	38 1/2	HARD BLUE GRAY GRANITE		X	6	38 1/2	90	" " " "		X	6	90	95	SOFT BLUE GRAY GRANITE		X	6	95	130	HARD BLUE GRAY GRANITE		X	6	130	135	SOFT " " "		X	6	135	155	HARD " " "		X	6	155	165	SOFT " " "	X		6	165	175	HARD " " "		X
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. Work started <u>1/25</u> finished <u>1/26/88</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><u>250</u> inches</td> <td><u>6</u> inches</td> <td><u>1 1/2</u> feet</td> <td><u>38 1/2</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </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> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </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>38</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding 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 _____	Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1 1/2</u> feet	<u>38 1/2</u> feet													Number	From	To										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>H2O Well Service</u> Firm No. <u>448</u> Address <u>550 W. ARDEN AVE</u> Date <u>1/27/88</u> Signed by (Firm Official) <u>John White</u> and (Operator) <u>Bill Patten</u>																																
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name <u>MICROFILMED</u> Lot No. _____ Block No. _____ County <u>KOOTENAI</u> <u>SW 1/4 SE 1/4 Sec. 10, T. 50 N., R. 5 E.</u>	12. RECEIVED MAY 13 1988 Department of Water Resources RECEIVED FEB 24 1988 Department of Water Resources Northern District Office																																																																

VAN PETTEN PIN 50N05W-10-7055

