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MAY 25 2011

Form No. 42-1409-2 (Internet 12/08)

DEPARTMENT OF
WATER RESOURCESIN 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 95-15095Date Received: 5/25/2011Receipt No: CO93176Received By: SBH

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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) John & Sherry Woodward Phone (208) 255-2904Mailing Address P.O. Box 1540 Spirit Lake ID Zip 83869
Street or Box City State2. Date of Priority: (Only one per claim) 4-28-2008
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 54N, Range 4W, Section 21,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Bonner;Parcel (PIN) no. RP014160010020A

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.
Domestic 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 _____^{Month/Day} to _____^{Month/Day} 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) one household, single ownership, no livestock

9. Location of Place of Use is: Township 54N, Range 4W, Section 21,
NW 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. RP014160010020A
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? Bonner

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 Copy Well Drilled Report, Check for Filing Fee

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) John Woodward Date: 5-22-11

Sheriff Woodward Date: 5-22-11

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			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0051870
DRILLING PERMIT NO. 846428
Water Right or Injection Well No. _____



2. OWNER:
Name Terry Williams
Address 164 Sky Ranch Dr.
City Sandpoint State Id Zip 83864

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 543 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 21 NW 1/4 NW 1/4 NE 1/4
Gov't Lot _____ County Bonner

Lat: _____ Long: _____
Address of Well Site Quail Ridge Estates
Peregrine Rd. City Priest River
(Give at least name of road + Distance to Road or Landmark)
Lt. 2 Blk. 1 Sub. Name Quail Ridge
Estates

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
Bentonite	0	20	8-SACKS	Overbored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 380' (Ring)
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	380	.250	Steel	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Air Perforator
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
355	370	1/4x1	100	6	Steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
			N/A	

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
35			4 Hours

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 336

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	Soil		☒
10	2	19	SAND GRAVEL		☒
10	19	20	LARGE GRAVEL		☒
8	20	210	SMALL GRAVEL		☒
8	210	285	SAND and GRAVEL		☒
8	285	336	Cemented GRAVEL		☒
8	336	380	SAND and GRAVEL	☒	

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MAY 11 2007

IDWR/North

Completed Depth 380 (Measurable)

Date: Started 5-3-07 Completed 5-5-07

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 Horsley Drilling inc. Firm No. 632

Principal Driller C-Mark Hanley Date 5-5-07
and
Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.