

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 95-15966Date Received: 3-10-10Receipt No: N 023754Received By: ew

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

RECEIVED

MAR 10 2010

IDWR/North

1. Name of Claimant(s) DIANNE CAROL LAVOIE Phone (~~509~~) 758-5963Mailing Address 2033 COUNTRY COURT CLARKSTON WA Zip 99403
Street or Box City State2. Date of Priority: (Only one per claim) 7-18-1973
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (☒) or Other (☐) (a) _____
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 48N, Range 4W, Section 16,
SE 1/4 of NW 1/4, or Govt. Lot 3 BM. County of KOOTENAI;Parcel (PIN) no. 0-4020-000-003-AAdditional points of diversion if any: NONE

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.

SUBMERSIBLE PUMP IN 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 Month/Day to 12-31 Month/Day 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) DOMESTIC USE FOR 1 HOMESCANNED
MAR 10 2010

9. Location of Place of Use is: Township 48N, Range 4W, Section 16,
SE 1/4 of NW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. 0-4020-000-003-A
If different than shown in Item 4

for (Check One) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any NONE

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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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) Jeanne Labrie Date: 3/9/10

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. _____

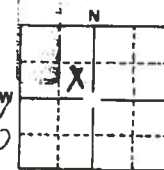
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MAR 10 2010

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

DEC 6 1974

1. WELL OWNER Name <u>Merle Halfner</u> Address <u>Rockford Bay, Cd'A</u> Owner's Permit No. <u>95-73-N-10</u>		7. WATER LEVEL Static water level <u>54</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>AIR</u> Discharge G.P.M. <u>40</u> Draw Down <u>7</u> Hours Pumped <u>2 hrs</u>																																															
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole 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>6</td><td>Top Soil</td><td></td><td>X</td></tr><tr><td>8</td><td>6</td><td>30</td><td>Clay & hard pan</td><td></td><td>X</td></tr><tr><td>8</td><td>30</td><td>58</td><td>hard basalt</td><td></td><td>X</td></tr><tr><td>8</td><td>58</td><td>82</td><td>clay & sand</td><td>X</td><td></td></tr><tr><td>6</td><td>82</td><td>130</td><td>hard basalt</td><td>X</td><td></td></tr><tr><td>6</td><td>130</td><td>155</td><td>broken Basalt</td><td>X</td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	6	Top Soil		X	8	6	30	Clay & hard pan		X	8	30	58	hard basalt		X	8	58	82	clay & sand	X		6	82	130	hard basalt	X		6	130	155	broken Basalt	X	
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																	
5. WELL CONSTRUCTION Diameter of hole <u>6" + 8"</u> inches Total depth <u>155</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet 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>20</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☐ Well cuttings Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing ☒ Overbore to seal depth																																																	
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Shoshone</u> <u>HOOTENAI</u> <u>SE 1/4 NW 1/4 Sec. 17, T. 48 N., R. 4 E.</u>		10. Work started <u>7-18-73</u> finished <u>7-18-73</u>																																															
		11. DRILLERS CERTIFICATION Firm Name <u>Locard's Drilling Inc</u> Firm No. <u>214</u> Address <u>Bix 237 Hayden Lake, Ida.</u> Date <u>8-16-73</u> Signed by (Firm Official) _____ (Operator) _____																																															

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