

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 95-12681
Date Received: 6/1/2010
Receipt No:
Received By: *No 24619*
CS

**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)

JASON LAKE Phone: (208)664-8382
8319 W CLEMETSON RD
COEUR D ALENE ID USA 83814

OR

ASHLEA LAKE Phone: (208)664-8382
8319 W CLEMETSON RD
COEUR D ALENE ID USA 83814

2. Date of Priority: 07/23/1998

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
50N	04W	19	NE SW	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:

0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
50N	04W	19	NE SW	DOMESTIC	

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used: NONE

14. Remarks:

15. Basis of Claim: Beneficial Use

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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: 1

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): *Jason J. Lee* Date: 6-1-10

Date: _____

RECEIVED

Form 238-7

AUG 11 1998

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen 77760

NORTHERN REGION

IDWR

1. DRILLING PERMIT NO. 45-98-N-96
Other IDWR No. 00003750

2. OWNER:

Name Keith Nelson
Address 7249 W. Clemetson
City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N			
	X		
S			

Twp. 50 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 19 NE 1/4 NE 1/4 SW 1/4
Gov't Lot 10 County Kootenai 160 acres
Lat. : : Long. : :
Address of Well Site same City _____
(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	29	400#	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 29'Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	29	250	Steel	☒	☐	☐	☐
4"	-5	305	160	psi PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Saw cut 1/8 x 4"
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
265	305		60			☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

50 N 4 W 19

Office Use Only

Inspected by _____

Twp. _____ Rge. _____ Sec. _____

1/4 1/4 1/4

Lat. : : Long. : :

☐ Air ☐ Flowing Artesian

11. WELL TESTS:

☒ Pump ☒ Bailer

Yield gal./min.	Drawdown	Pumping Level	Time
4.5	240'	bailer	2 hrs.
20	280'	284'	2 hrs.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered 49

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	7	Clay Dark brown		X
8"	7	18	Clay, brown		X
8"	18	26	Shale, decomposed, brn.		X
8"	26	29	Mica schist, decomposed		X
6"	29	46	Mica schist, brown, soft		X
"	46	64	Mica schist, med hard	X	
"	64	69	Mica schist, grey, 1 gpm	X	
"	69	83	Gneiss, grey, hard 2 gpm	X	
"	83	96	Mica schist, tan, soft	X	
"	96	112	Gneiss, grey/rose med	X	
"	112	127	Gneiss, hard	X	
"	127	128	Chlorite, schist, green sft	X	
"	128	143	Gneiss, grey, hard	X	
"	143	178	Gneiss, grey, med hard	X	
"	178	186	Gneiss, drk grey, hard	X	
"	186	215	Gneiss, med	X	
"	215	246	Chlorite schist, grey grn	X	
"	246	260	Chlorite schist, soft, brk	X	
"	260	282	Gneiss, grey, hard	X	
"	282	285	Gneiss, soft, broken	X	
"	285	292	Gneiss, grey, hard	X	
"	292	300	Gneiss, grey, medium	X	
"	300	310	Shale, grey, brn, broken	X	

Completed Depth 310' (Measurable)Date: Started 7/1/98 Completed 7/23/98

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 McCarty Drilling & Pump Firm No. 586Firm Official Burt McCarty Date 7-31-98

and _____

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES