

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 95-12757
Date Received: 6/4/2010
Receipt No: NO24775
Received By: *CH*

**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)

THOMAS A COOPER Phone: (208)667-3933
5690 W HEINE RD
COEUR D ALENE ID USA 83814

OR

PRISCILLA COOPER Phone: (208)667-3933
5690 W HEINE RD
COEUR D ALENE ID USA 83814

2. Date of Priority: 08/26/1979

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	20	NE NW	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	20	NE NW	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

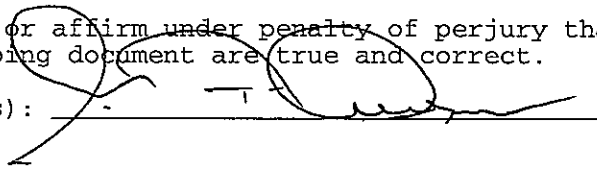
16. Signature(s)

(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.

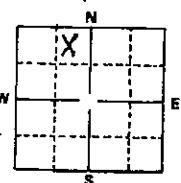
Signature of Claimant(s): 

Date: 6/04/10

Date:

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.

1. WELL OWNER Name <u>Nick Schilling</u> Address <u>Meadowbrook Rd. CDA'</u> Owner's Permit No. <u>95-79-N-2</u>		7. WATER LEVEL Static water level <u>30</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality <u>Clear</u> 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 ☐ Bailor ☒ Other <u>Air</u> Discharge G.P.M. <u>5</u> Draw Down _____ Hours Pumped _____	
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG Hole Diam. _____ Depth From _____ To _____ Material _____ Water Yes ☒ No ☒ <u>6"</u> <u>0</u> <u>27</u> <u>CLAY</u> <u>27</u> <u>200</u> <u>GRNITE</u>	
4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other _____			
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>200</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness _____ Diameter _____ From _____ To _____ <u>250</u> inches <u>6</u> inches <u>1</u> feet <u>27</u> 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>200</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing _____ Overbore to seal depth _____			
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision _____ Lot No. _____ Block No. _____ County <u>Kautenau</u> <u>NE 1/4 NW 1/4 Sec. 20 T. 50N R. 4W E/W</u>		10. Work started <u>Aug 25</u> finished <u>26/79</u>	
		11. DRILLERS CERTIFICATION <u>FINLAY</u> <u>62</u> Firm Name <u>CDR Drilling</u> Firm No. <u>274</u> Address <u>Box 386 HAYDEN</u> Date <u>10/17/79</u> Signed by (Firm Official) <u>Bill [Signature]</u> and <u>[Signature]</u> (Operator)	

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT