

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 95-13449
Date Received: 9/14/2010
Receipt No: NO25641
Received By: *WA*

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)

CHARLES E CURRIER Phone: (208)667-2561
13652 W ELDER RD
WORLEY ID USA 83876
OR
SHARON G CURRIER Phone: (208)667-2561
13652 W ELDER RD
WORLEY ID USA 83876

2. Date of Priority: 08/19/2005

3. Source: GROUND WATER , GROUND WATER Trib. to: ,

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 Lot	County	Type
48N	05W	15	NW	SE		KOOTENAI	
48N	05W	15	NW	SE		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.02	
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.06 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
48N	05W	15	NW	SE	DOMESTIC	
			NW	SE	STOCKWATER	

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: 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): Alvin E. Commins Date: 9-14-10

Date: _____

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 0040463
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Chuck & Sharon Currier
Address _____
City _____ State _____ Zip _____

3. LOCATION OF WELL by legal description:

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

Twp. 48N North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 15 1/4 SW 1/4 NE 1/4
Gov't Lot _____
County Kootenai 40 acres 160 acres

Lat: _____ Long: _____
Address of Well Site 1/2 mile from Hwy 95 on Elder Turn South (left)
3 1/2 mile Private Rd 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 Material	From	To	Weight / Volume	Seal Placement Method
Casing Seal Bentonite	0	50+	500#	overbore
4 Hole Plug				

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 89 1/2

Was drive shoe seal tested? ☒ Y ☐ N How? air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1 1/2	89 1/2	.250	steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ 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
40+ GPM			

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: looks Clear & Good

Depth first Water Encounter 125

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	4	Clay, BRDWN		
	4	6	Decomposed Granite		
	6	8	Clay		
	8	19	Decomposed Granite very soft		
	19	66	Decomposed + Broken Granite Mix		
	66	68	Broken Granite		
	68	80	Granite Firm w/ Fractured areas		
	80	84	Granite, Broken, Soft		
	84	89 1/2	Granite Hard		
6"	89 1/2	170	Granite Trickle	X	
	170	180	Granite 1 GPM	X	
	180	253	Granite		
	253	270	Granite Hard		
	270	290	Granite		
	290	294	Granite, white Quartz		
	294	310	Granite		
	310	318	Granite, white Quartz		
	318	334	Granite		
	334	337	Granite, white Quartz		
	337	580	Granite		
	580	582	Granite, Soft Purple + White 2 GPM	X	
	582	649	Granite		
	649	651	Granite, soft 7 GPM	X	
	651	659	Granite		
	659	662	Granite, soft 30+ GPM	X	
	662	677	Granite		



**AQUA DRILLING
& EXPLORATION INC.**
PO BOX 2850
HAYDEN, ID 83835-2850

Completed Depth 677' (Measurable)

Date: Started 8-19-05 Completed _____

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was _____.

Company Name AQUA DRILLING & EXPLORATION INC. Firm No. 163

Principal Driller Scott N. Braunler Date _____

and _____

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

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 0040458
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
5 GPM			

Water Temp. Cold Bottom hole temp. Cold
 Water Quality test or comments: looks Good

Depth first Water Encounter 52

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8"	0	12	Brown Clay			
"	12	55	Brown Decomposed Granite			
"	55	57	Broken Granite		X	
"	57	71	Decomposed Granite			
"	71	78	Broken Granite			
"	78	122	Decomposed Granite		X	
"	122	128	Broken Granite			
"	128	129 1/2	Granite-Firm			
6"	129 1/2	180	Granite - Gray Hard			
"	180	188	Granite - Pink softer			
"	188	210	Granite - Gray, Black, White Hard			
"	210	238	Granite - Black & white			
"	238	248	Granite - Pink			
"	248	355	Granite - Black & white			
"	355	362	Granite - Quartz Hard			
"	362	372	Granite - Pink			
"	372	377	Granite - Quartz soft		X	
"	377	433	Granite			
"	433	438	Granite - Quartz			
"	438	450	Granite			
"	450	628	Granite w/streaks of Quartz		X	
"	628	715	Granite			
"	715	802	Granite - Green 3 GPM		X	
			@ 770'-780'			

AQUA DRILLING & EXPLORATION INC.
 PO BOX 2850
 HAYDEN, ID 83835-2850

Completed Depth _____ (Measurable)
 Date: Started 8-3-05 Completed 8-9-05

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was set down.

Company Name AQUA DRILLING & EXPLORATION INC. Firm No. 163

Principal Driller: Scott M. Brumby Date 8-15-05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

2. OWNER:

Name Chuck & Sharon Currier
 Address 13652 W. Elder Rd
 City Worley State ID Zip 83876

3. LOCATION OF WELL by legal description:

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

Twp. 48 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 15 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County Kootenai

Lat: _____ Long: _____
 Address of Well Site 5 1/2 mile from Hwy 95 on Elder Rd
Turn left top of Hill 3 1/2 mile City Worley
 (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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	20	300#	overbore
casing seal				

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 129 1/2

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	129 1/2	.250	steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch Cut (steel)

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
52	54	4x6"	8	6"	Steel	☒	☐
117	128	4x6"	36			☒	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____