

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

ID Number: 95-15847

Date Received: _____

Receipt No: N024852

Amount: \$25.00 By: cm

Amended

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

Please type or print clearly

1. Name of claimant(s) THOMAS H. DANIELS Phone 208-689-3115
Mailing address PO BOX 64 HARRISON ID 83833
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) MARCH 22, 2006
Month/Day/Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
4. Location of point of diversion is: Township 47N, Range 04W, Section 3,
NE 1/4 of NE 1/4, or Govt. Lot 1, B.M., County of KOOTENAI
Parcel (PIN) no. 47N04W-03-0625
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.

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 to 12/31 amount 0.04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs (x) or AFY ()
8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): DOMESTIC FOR 1 HOME

9. Location of place of use is: Township 47N, Range 04W, Section 03, NE 1/4 of NE 1/4, or Govt. Lot 1, B.M., Parcel (PIN) no. (if different than shown in Item 4) SAME

For (check one) **Domestic** (x) **Stock** () **Domestic and Stock** ()

Additional places of use, if any: _____

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 your 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 (x) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

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: _____

_____ 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 forgoing 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 _____



SWNE 2

34

35

48N04W

SWNW

NENE 1

95

3

47N04W

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 0041263
DRILLING PERMIT NO. PO Box 64
Water Right or Injection Well No. 838872

2. OWNER:
Name Tom Daniels
Address PO Box 64
City Harrison State ID Zip 83833

3. LOCATION OF WELL by legal description:

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

Twp. 47 North ☒ or South ☐
Rge. 4 East ☐ or West ☐
Sec. 35 1/4 3/4 1/4 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____
Address of Well Site 1594 Harlow Pt Rd
City Harrison
City Harrison
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	10 Sacks	Pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 158'
Was drive shoe seal tested? ☒ Y ☐ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	138	25	5 d	☒	☐	☒	☐

Length of Headpipe _____ Length of Tail pipe _____
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:

34' ft below ground Artesian pressure _____ lb.
Depth flow encountered 50 ft. Describe access port or control devices: COB

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal. min	Drawdown	Pumping Level	Time
50 +			2 hrs

Water Temp. 51° Bottom hole temp. _____

Water Quality test or comments: clear no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	80	Broken Basalt			
	80	95	Basalt + soft			
	95	120	Basalt w/ clay			
	120	140	Sand Stone			

Completed Depth 190 (Measurable)
Date Started 3/22/06 Completed 3/23/06

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 Always Drilling Inc Firm No 510
Principal Driller Stanley Wayne Date 5/21/06
and Debra Date 5/21/06
Driller or Operator II
Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES