

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: 95-16848

Date Received: 8-15-2014

Receipt No: NO30681

Amount: 25.00 By: N.S.

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

AUG 15 2014

IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) ALAN AND/OR ELISA LANE Phone (208) 651-6809
Mailing address 728 N GOVERNMENT WAY COEUR D ALENE ID ZIP 83814
Street or Box City State
2. Date of priority (only one (1) per claim) JULY 19, 1991
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 50N, Range 04W, Section 32,
SE 1/4 of NE 1/4, or Govt. Lot , B.M., County of KOOTENAI
Parcel (PIN) no. 50N04W-32-2000
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.
WELL AND STORAGE TANK (2500 GALLONS) AND PIPELINE TO PLACE OF USE
6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 01/01 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.): 1 HOME AND LAWN IRRIGATION

9. Location of place of use is: Township 50N, Range 04W, Section 32, SE 1/4 of NE 1/4,
or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) _____

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)

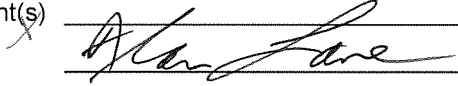
a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication".

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: 8/15/2014

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 _____ Date _____

Address _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>ROBERT R. WEBB</u> Address <u>W 5101 PRESLEY RD</u> <u>COEUR D'ALENE, ID 83814</u> Drilling Permit No. <u>95-91-N109</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>115</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ of. Quality _____ <i>Describe artesian or temperature zones below.</i>																																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>2-3 1/2</u></td><td><u>810</u></td><td><u>1</u></td></tr><tr><td>ESTIMATED</td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>2-3 1/2</u>	<u>810</u>	<u>1</u>	ESTIMATED																																																			
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore 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>9</td><td>TOP SOTI</td><td></td><td>X</td></tr><tr><td></td><td>9</td><td>22</td><td>DECOMPOSED GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>22</td><td>39</td><td>B&W GRANITE</td><td></td><td>X</td></tr><tr><td>6</td><td>39</td><td>210</td><td>MEDIUM HARD GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>210</td><td>460</td><td>HARD B&W GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>460</td><td>510</td><td>BROKEN SOFT GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>510</td><td>610</td><td>HARD B&W GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>610</td><td>810</td><td>HARD B&W GRANITE W/QUARTZ</td><td></td><td>X</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	9	TOP SOTI		X		9	22	DECOMPOSED GRANITE		X		22	39	B&W GRANITE		X	6	39	210	MEDIUM HARD GRANITE		X		210	460	HARD B&W GRANITE		X		460	510	BROKEN SOFT GRANITE		X		510	610	HARD B&W GRANITE		X		610	810	HARD B&W GRANITE W/QUARTZ		X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED JUL 25 1991 Department of Water Resources RECEIVED JUL 22 1991 NORTHWEST REGION IDWR																																																											
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>+ 1</u> feet</td><td><u>40</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches Number _____ 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 ☒ Bentonite ☐ Pudding clay ☒ CLAY Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>+ 1</u> feet	<u>40</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																																						
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6. LOCATION OF WELL Sketch map location must agree with written location. <table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td><td></td><td></td></tr></table> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> SW ☐ SE ☐ Sec. <u>32</u> T. <u>50N</u> S ☐ R. <u>4W</u> W ☐		N					W				E											S					10. Work started <u>7/16/91</u> finished <u>7/19/91</u>																																		
N																																																													
W				E																																																									
S																																																													
11. DRILLERS CERTIFICATION <u>ee</u> I/We certify that all minimum well construction standards were compiled with at the time the rig was removed. Firm Name <u>UNITED DRILLING INC</u> Firm No. <u>414</u> P.O. BOX 2499 Address <u>CDA, ID 83814</u> Date <u>7/19/91</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>Tim Volking</u>																																																													

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT



NWNE

NENE

NWNW

32

SWNE

50N04W

SENE

33

SSE

NWSE

NNE

NWSW