

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 95-16866

Date Received: 9/5/2014

Receipt No: N030733

Received By: *Am*

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

DAVID A ROSS Phone: (253) 939.5609

1910 RIVERVIEW DR NE

AUBURN WA USA 98002

MARY FRANCES ROSS Phone: (253) 939.5609

1910 RIVERVIEW DR NE

AUBURN WA USA 98002

2. Date of Priority: 03/13/1990

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
49N	03W	7	NW NE 2	KOOTENAI	

5. Description of diverting works: Drilled well 95-90- N-4 completed for prior owner Moffett 3.13.1990

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:

Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	03W	7	NW NE	2	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:

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): David Alton Date: 9/5/14
Mary Ann Bass Date: 09-05-14

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>Bob Moffitt</u> Address <u>Her Box 117 Harrison Id</u> Owner's Permit No. <u>95-90-11-4</u>	7. WATER LEVEL Static water level <u>12</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 _____ °F. Quality _____ Describe artesian or temperature zones below																																								
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ 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>20+</u></td><td><u>60</u></td><td><u>2</u></td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>20+</u>	<u>60</u>	<u>2</u>																																		
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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>1</td><td>TOP SOIL</td><td></td><td></td></tr><tr><td>8</td><td>1</td><td>10</td><td>DASAIT</td><td></td><td></td></tr><tr><td>8</td><td>11</td><td>20</td><td>CLAY</td><td></td><td></td></tr><tr><td>8</td><td>20</td><td>48</td><td>DASAIT</td><td></td><td></td></tr><tr><td>6</td><td>48</td><td>60</td><td>BROKEN DASAIT</td><td></td><td></td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	1	TOP SOIL			8	1	10	DASAIT			8	11	20	CLAY			8	20	48	DASAIT			6	48	60	BROKEN DASAIT		
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED MAY 24 1990 Department of Water Resources RECEIVED MAY 10 1990 NORTH IDAHO REGION TIT 013545																																								
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 Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> 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 ☐ _____ 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 <u>well cap</u>		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	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ 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></tr><tr><td>W</td><td>X</td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table> County <u>Kootenai</u> <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec. <u>7</u> , T. <u>49 N</u> , R. <u>3 W</u> E.W. MICROFILMED JUN 21 1991	N			W	X	E				S			10. Work started <u>3-12-90</u> finished <u>3-13-90</u>																												
N																																									
W	X	E																																							
S																																									
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Bronson Water Well</u> Firm No. <u>360</u> Address <u>Box SPIRIT Lake Id</u> Date <u>3-13-90</u> Signed by (Firm Official) <u>LD Brown</u> and (Operator) _____																																									

 Springer

0578000000
PARCEL NOM
1230 E PARK
Neishgboro

16866
95-XXXX ROSS

KOOTENAI PARCEL 0-5780-000-037-C

0-5780-000-037-C

NWNE 2

49N03W

7

SWNE 3

well

The USDA-FSA Aerial Photography Field office asks to be credited in derived products.