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JAN 26 2015

Form No. 42-1409-2 (Internet 3/12)

IDWR / NORTH

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: 92-11010

Date Received: _____

Receipt No: _____

Amount: _____ By: _____

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) KURT W. OR ANNE I. REED Phone 208-245-0204

Mailing address P.O. BOX 327 ST. MARIES ID. ZIP 83861
Street or Box City State

2. Date of priority (only one (1) per claim) AUGUST 22, 2011
Month/Day/Year (yyyy)

3. Source of water supply (check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) _____

4. Location of point of diversion is: Township 45 NORTH Range 3 WEST Section 26
W 1/4 of S26 1/4, or Govt. Lot _____, B.M., County of BENEWAH

Parcel (PIN) no. RP00030017001FA

Additional points of diversion, if any: _____

If available, GPS coordinates LAT. 47° 13' 11.8" N Long. 116° 41' 11.8" W

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: 345', 6" STEEL (78') 4" PVC TO 331' 1 1/2" PVC 331'
1 1/2 hp 3 STAGE PUMP

6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)

	Month/Day	Month/Day	cfs (☒)	AFY ()
For <u>DOMESTIC</u>	purposes from <u>1-1</u>	to <u>12-31</u>	amount <u>0.04</u>	
For <u>LIVESTOCK</u>	purposes from <u>1-1</u>	to <u>12-31</u>	amount <u>0.02</u>	

7. Total quantity claimed 0.06 cfs (☒) 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.): SINGLE HOUSEHOLD (DOMESTIC)

THREE HORSES & 2 COWS (STOCKWATER)

9. Location of place of use is: Township 45N, Range 3W, Section 26, W 1/4 of S 26 1/4,
or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) RP 00030017001 FA
For (check one) Domestic () Stock () Domestic and Stock (X)

Additional places of use, if any: _____

10. In which county(ies) are lands listed above as place of use located? BENewah

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 ()

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 (X) 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) Kurt W. Reed Date: 1-22-15
X Connell Reed Date: 1-22-15

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 _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 59437
Drilling Permit No. 861781
Water right or injection well # _____

2. OWNER:
Name Kurt and Anne Reed
Address PO Box 327
City St. Maries State Id Zip 83861

3. WELL LOCATION:
Twp. 45 North ☒ or South ☐ Rge. 3 East ☐ or West ☒
Sec. 26 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County Benedict
Lat. 47 ° 13:118 N (Deg. and Decimal minutes)
Long. 116 ° 41:118 W (Deg. and Decimal minutes)

Address of Well Site 5798 Alder Creek Rd, Benedict
Rd to Alder Creek on left City St. Maries
(Give at least name of Road - Distance to Road or Landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:
☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
<u>Bentonite</u>	<u>0</u>	<u>78</u>	<u>1550 lbs</u>	<u>Pour Around Pipe</u>

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>+2</u>	<u>78</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☐	☒
<u>4"</u>	<u>-11</u>	<u>331</u>	<u>280 PSI</u>	<u>PVC</u>	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 78
600 rock shoe

9. PERFORATIONS/SCREENS:
Perforations ☒ Y ☐ N Method Skill Saw
Manufactured screen ☐ Y ☒ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>201</u>	<u>301</u>	<u>1/4 x 6</u>	<u>150</u>	<u>4"</u>	<u>PVC</u>	<u>200 PSI</u>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
<u>None</u>				

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device well cap

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 150 Static water level (ft) 105
Water temp. (°F) 49° Bottom hole temp. (°F) _____
Describe access port well cap

Well test:
Drawdown (feet) _____ Discharge or yield (gpm) _____ Test duration (minutes) _____
12 GPM Air lift from 345 ft for 2 hrs
Test method:
Pump ☐ Bailer ☐ Air ☒ Flowing artesian ☐
Water quality test or comments: Cold & clear / No odor

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
<u>10</u>	<u>0</u>	<u>55</u>	<u>clay - red</u>		
	<u>55</u>	<u>70</u>	<u>clay - Grey</u>		
<u>6</u>	<u>70</u>	<u>185</u>	<u>Basalt - Hard</u>	☒	
	<u>185</u>	<u>200</u>	<u>Basalt - Broken</u>	☒	
	<u>200</u>	<u>270</u>	<u>Basalt - Hard</u>		
	<u>270</u>	<u>315</u>	<u>Basalt - Broken</u>	☒	
	<u>315</u>	<u>345</u>	<u>Shale - Tan - Soft</u>		
<u>12" 6pm Total</u>					
<u>A + 345 ft</u>					

Completed Depth (Measurable): 331
Date Started: 8-18-11 Date Completed: 8-19-11

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 Interstate Drilling Co. No. 689

*Principal Driller Ryan Suchoski Date 8-22-11

*Driller for Sub Date 8-22-11

*Operator II for Sub Date 8-22-11

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

PARCEL NO. RP00030017001FA, K. OR A. REED

