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DEPARTMENT OF
WATER RESOURCES

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

CIVIL CASE NUMBER: 49576

OF RIGHTS TO THE USE OF WATER FROM

THE COEUR D'ALENE - SPOKANE RIVER BASIN WATER SYSTEM

Ident. Number

7906
91-XXXXX

Date Received:

Receipt No:

Received By:

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MARK KEOGH Phone:

33303 S HELLS GULCH RD

ST MARIES ID 83861

2. Date of Priority: 09/22/1997

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
47N	03W	36	NW SE	KOOTENAI	

5. Description of diverting works: DRILLED WELL ORIGINALLY USED FOR HELLS GULCH WATER ASSOC. LICENSE 91-7139 SUPPLIED WATER TO HOME UNTIL REPLACED BY DRILLED WELL D0061510 NOW USED FOR HOME AT 33303 S HELLS GULCH RD (KOOTENAI PARCEL 47N03W367400).

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	1	/1	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

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10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
47N	03W	36	NW	SE	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 ✓ 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 that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Mah D Kugh Date: 7-22-15

Merilee J. Kugh Date: 7-22-15

State of Idaho)
) SS.
County of _____)

Subscribed and sworn (or affirmed) before me this

of _____ 20____

Notary Public

Residing at _____

My commission Expires _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO.

D0061510

DRILLING PERMIT NO.

869086

Water Right or Injection Well?

2. OWNER:

Name:

Mark Keogh

Address:

33303 South Hells Gulch Rd.

City:

St. Maries

State:

Idaho

Zip:

83861

3. LOCATION OF WELL by legal description

Twp. 47N

Rge. 3W

Sec. 36

1/4

N/E

S/E

1/4

Gov't Lot

County Benewah

Lat. 47°

°

22

624

Dep. And Deed ref. n/s.

Long. 116°

°

39

38

Dep. And Deed ref. n/s.

Address of well site:

1.2 Mile on Hells Gulch 33303

City:

St. Maries

Lot

B/L

Sub. Name

4. USE:

☒ Domestic
 ☐ Municipal
 ☐ Monitor
 ☐ Irrigation
 ☐ Injection

5. TYPE OF WORK:

☒ New Well
 ☐ Replacement
 ☐ Modify existing
 ☐ Abandonment
 ☐ Other

6. DRILL METHOD:

Air Rotary

7. SEALING PROCEDURES:

Seal Material	From	To (ft)	Quantity (lb., or ft)	Placement method/procedure
Bentonite	0	38	950	Pour

8. CASING/LINER:

Outer Diameter (inches)	From	To	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded	Gauge
6	+2	60	250	Steel	X			X	
4	-5	255	160	PVC		X			X

Was drive shoe used?

yes

Shoe Depth 60

9. PERFORATIONS/SCREENS

Perforations	Yes	No	Method	Drill
Manufactured screen	☒	☐	Type	

Method of installation:

From	To	Slot Size	Number	Dist.	Material	Gauge or Schedule
255	235	1"	16	4"	PVC	160 liner
215	195	1"	16	4"	PVC	160 liner
175	155	1"	16	4"	PVC	160 liner

Length of Handpipe

Length of tailpipe

Packer

Yes

No

Type:

10. FILTER PACK

Filter Material	From	To	Vol./Volume	Placement Method
NONE				

11. FLOWING ARTESIAN:

Flowing artesian	Yes	No	Artesian Pressure (PSI)
	☐	☒	

Describe control device:

Cap

12. STATIC WATER LEVEL AND WELL TESTS:

Depth first water encountered (ft) 126 Static water level: 65

Water temp. 50 degrees Bottom hole temp.

Describe access port: cap

Well Test:

Test Method:

Drawdown (feet)	Discharge or yield	Test Duration	Pump	Stop	At	Flowing Artesian
	100+	2 hrs	☐	☐	☒	☐

Water quality test or comment:

Good, clear, no odor

13. LITHOLOGIC LOG and/or repairs or abandonment:

Depth (ft.)	From (ft.)	To (ft.)	Remarks, lithology or description of repairs or abandonment	Water	
				Y	N
10"	0	3	Brown Clay		
	3	6	Broken Basalt		
	6	18	Hard Black Basalt		
	18	42	Brown Clay and Basalt mix		
8"	42	121	Hard Black Basalt		
6"	121	126	Medium Hard Basalt	X	2gpm
	126	140	Hard Black Basalt		
	140	198	Medium Hard Black Basalt	X	3gpm
	198	242	Hard Black Basalt		
	242	252	Broken Basalt	X	100 gpm
	252	255	Hard Black Basalt		

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IDWR / NORTH

Completed Depth (Measurable): 255

Date Started: 7/8/2013

Date Completed: 7/9/2013

14. DRILLER'S CERTIFICATION:

Company Name: All Ways Drilling, Inc.

Co. No. 510

Principal Driller

Stanley K Wolfe

Date

7/29/13

Driller

Stanley K Wolfe

Date

2/29/14

Operator II

Date

*Signature of Principal Driller and rig operator are required.

Stanley K Wolfe

7/29/13

47N 03W 30

91-XXXXX KEOGH KOOTENAI PARCEL 47N03W367400

