

Coogan Creek & Coeur d'Alene Lake app.

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 95-15624

Date Received: 2/2/11

Receipt No: 2,026,531

Received By: [Signature]

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

208 659-2403

1. Name of Claimant(s) BILL OR WILLIAM T. FOX Phone 208 215-9148

Mailing Address 134 AGTE RD & 200 AGTE, PLUMMER, ID Zip 83851
Street or Box City State

2. Date of Priority: (Only one per claim) 11-18-2002
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 46N, Range 4W, Section 15,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of BENEWAH;

Parcel (PIN) no. -0100A

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 & PUMP

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from 01-1 to 12-31 amount .04 cfs () or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 2 HOMES - LESS THAN 2500 GALLONS
PER DAY

SCANNED
FEB - 2 2011

9. Location of Place of Use is: Township 46N, Range 4W, Section 15,
NW 1/4 of NE 1/4, Govt. Lot — BM. Parcel (PIN) no. -0100A & 0200A
If different than shown in Item 4
for (Check One) Domestic (☒) Stock () Domestic and Stock ()

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 (☒) No ()

If the 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: BILL & WILLIAM T. FOX

14. Basis of Claim (Check One) Beneficial Use (☒) 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 () 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) Bill Fox Date: 2-2-11
William T. Fox Date: 2-2-11

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 _____

Last Name _____ Identification No. _____

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D D 00 22 994
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____2. OWNER:
Name B. H. Fox
Address 134 Agate Rd.
City Plummer State ID Zip 83851

3. LOCATION OF WELL by legal description:

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

Twp 46 North X or South _____
Rge 4 East _____ or West X
Sec 15 1/4 N/E 1/4 N/E 1/4
Gov't Lot _____ County Benedict
Lat: _____ Long: _____
Address of Well Site 134 Agate Rd.
City Plummer

Lot _____ 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 Bentonite From 0 To 60 Weight 205X Seal Placement Method Pour Around PipeWas drive shoe used? ☒ Y ☐ N Shoe Depth(s) 298
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Size	Depth	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2 -298	250	Steel	X		X	
4"	-280 -450	160	PVC		X		

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill - Touch
Screen Type & Method of Installation _____

From	To	Size	Number	Material	Casing	Liner
-480	-420	1"	10	4" PVC		X
-25	-40	1/4"	6	6" CS-g	X	

10. FILTER PACK

From	To	Weight	Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

22 ft below ground _____ Artesian pressure _____ lb
Depth below ground surface 25 ft Describe access port or control devices: Well Cap

Office Use Only

Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat _____ Long _____

12. WELL TESTS:

Pump	Bailer	X Air	Flowing Artesian
Yield gal/min <u>12 g.p.m.</u>	Drawdown _____	Pumping Level <u>Air lift from 450'</u>	Time _____

Water Temp 42° Bottom hole temp _____
Water Quality test or comments: clear no odorDepth first Water Encounter 25

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia	From	To	Remarks: Lithology Water Quality & Temperature	Y	N
8"	0	3	Top Soil		
	3	8	Clay - Tan		
	8	10	Clay - Red		
	10	12	Clay - Brown		
	12	13	Clay - Tan		
	13	19	Basalt - Broken w/ Brown clay		
	19	25	Basalt - Broken w/ green clay		
	25	30	Basalt - Broken w/ water		
	30	185	Basalt Gray med		
	185	300	Basalt Gray Hard		
6"	300	311	Basalt gray med		
	311	325	Basalt gray w/ clay Hard Brown		
	325	400	Basalt gray		
	400	425	Basalt - gray - Broken		
	425	450	Basalt - gray - Broken		

4 g.p.m.
8 g.p.m.
12 g.p.m. Total @ 450

Completed Depth 450Date Started 11-13-02Completed 11-18-02

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the log was removed.

Company Name All-Ways Drilling Inc Firm No. 510Principal Driller Alvin Carris Date 12-6-02

Driller or Operator II _____ Date _____

Operator I Steve Kube Date 12-6-02

Principal Driller and Rig Operator Required

Operator I must have signature of Driller/Operator II

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