

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 95-12695
Date Received: 6/2/2010
Receipt No: NO24642
Received By: A.T.

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

1. Name of Claimant(s)

JAI NELSON
15192 GATE 7 RIDGE RD
COEUR D ALENE ID USA 83814

Phone: (208)667-5004

2. Date of Priority: 04/04/2000

3. Source: GROUND WATER , GROUND WATER Trib. to: ,

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
48N	04W	5	NW SW	KOOTENAI	
48N	04W	5	NW SW	KOOTENAI	

5. Description of diverting works:

6 INCH WELLS WITH SUBMERSIBLE PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.02	
DOMESTIC	01/01	12/31	0.02	

7. Total Quantity Appropriated is:

0.02 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of other uses: 5 MIXED STOCK
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	04W	5	NW	SW	DOMESTIC	
			NW	SW	STOCKWATER	

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)

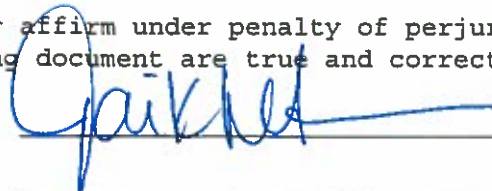
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3

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:

6/2/10

Date:

Form 238-7
7/98
Starships Consulting and
Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp. _____	Rge. _____	Sec. _____	
Lat. _____	_____	1/4 _____	1/4 _____
Long. _____		_____	

1. WELL TAG NO. D0013328
Drilling Permit No: _____
Other IDWR No. 765378
2. OWNER Jai Nelson Well #2 Well Number: 43
Address 7325 Cody Road
City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

	X			

Twp. 48 North or South
Rge. 4 East or West
Sec. 5 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat. _____ Long. _____

Address of Well Site HAMAKER PARCEL #38
City COEUR D'ALE

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ 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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
well seal				
BENTONITE	0	18	4 bags	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-5	300	.160	PVC	☐	☒	☐	☐
6	2	18	.250	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method skill saw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
260	300	1/8x6	170	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

48N 4W 5

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5		300	1 hour

Water Temp. cold Bottom Hole Temp cold

Water Quality test or comments: _____

Depth first Water encountered 115

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Hole	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	13	Clayish soil tan	☐	☒
8	13	18	Decomposed granite	☐	☒
8	18	115	Granite black & white	☐	☒
8	115	118	Granite black & green	☒	☐
8	118	300	Granite black & white soft spots	☐	☒

Completed Depth 300 (Measurable)
Date: Started 6/22/00 Completed 6/22/00

13. DRILLER'S CERTIFICATION

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

Firm Name F20 Well Service, Inc. Firm No. 448
Firm Official Louie Hanner Date 6-26-00
and _____
Supervisor or Operator J. E. Hanner Date 6-26-00
(Sign Once if Firm Official and Operator)
Louie Hanner

48 N1. 46) 5