

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 95-13008

Date Received: 1/11/10

Receipt No: 023321B

Received By: 16

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) RICK OR ~~MARCIA~~ DIAL Phone 208 777 4432

Mailing Address P O Box 907 Post Falls ID Zip 83877
Street or Box City State

2. Date of Priority: (Only one per claim) JUNE 06/06/2007
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 50, Range 5W, Section 12
NW 1/4 of NW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 50N05W123350

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, PERMIT 846848, 124 ft., JUNE 6, 2007

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

For DOMESTIC WATER purposes from JAN 01 to DEC 31 amount 0.04 cfs (X) or AFY ()

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) 1 home & shop

SCANNED

JAN 11 2010

9. Location of Place of Use is: Township 50, Range 5W, Section 12,
NW 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 6
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? Kootenai

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:

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) R. Dial Date: 1-11-10

Date: _____

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. _____

SCANNED
JAN 11 2010

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 046249
DRILLING PERMIT NO. 846848
Water Right or Injection Well No. _____



2. OWNER:
Name Rick + Marcia Dial
Address Box 907
City Post Falls State Id. Zip 83877

3. LOCATION OF WELL by legal description:

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

Twp. 50 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 12 1/4 NW 1/4 NW 1/4
Gov't Lot _____
Lat: _____ Long: _____
Address of Well Site 3869 Marine Dr.
City Post Falls

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

Li. _____ 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	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>10</u>	<u>500 lbs</u>	<u>pour</u>

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) RB 183

Was drive shoe seal tested? ☒ Y ☐ N How? Air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>71</u>	<u>183</u>	<u>20</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER-TYPE

Perforation Method Touch

Screen Type & Method of Installation X

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>183</u>	<u>166</u>	<u>1/4" x 1/4"</u>	<u>90</u>	<u>6</u>	<u>Steel</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>X</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

124 ft. below ground Artesian pressure 0 lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

Welded 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 ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>50+</u>	<u>Unknown</u>	<u>160</u>	<u>3 hr</u>

Water Temp. Cold

Bottom hole temp. 6

Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y
<u>12</u>	<u>0</u>	<u>12</u>	<u>SAND + Gravel</u>	
<u>8</u>	<u>12</u>	<u>33</u>	<u>SAND gravel + clay</u>	
<u>8</u>	<u>33</u>	<u>130</u>	<u>small gravel + clay</u>	
<u>8</u>	<u>130</u>	<u>183</u>	<u>Large Gravel</u>	☒

RECEIVED
JUN 06 2007
IDWR/North

Completed Depth 180 (Measurable)

Date: Started 5-22-07 Completed 5-29-07

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 Brand X Water Wells Firm No. 20

Principal Driller Stephen Carlson Date 4/8/08

and Driller or Operator Jimmy R. Gordon Date 6-10-07

Operator _____ Date _____

Principal Driller and Rig Operator Required. 1 2010