

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 45-14531Date Received: 10/28/2009Receipt No: N022648Received By: Am

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) JAMES T. DAYTON JR Phone ²⁰⁸ 699-0693Mailing Address 3412 S SCHILLING LOOP POST FALLS ID Zip 83354
Street or Box City State2. Date of Priority: (Only one per claim) 9-18-1975
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) N/A
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 50N Range 05W Section 15
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of KOOTENAI
Parcel (PIN) no. 50N05W-15-2480Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

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.

PERMIT NO. 95-75-N-54 WELL COMPLETED
1975 AND CONNECTED TO ONE HOME

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

For DOMESTIC purposes from 01-01 to 2-31 amount .04
Month/Day Month/Day cfs(X) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs (X) 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

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9. Location of Place of Use is: Township 50N, Range 05W, Section 15,
NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4
for (Check One) Domestic (☒) Stock () Domestic and Stock ()
Additional places of use, if any N/A

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: 2

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) James T. Dayton Jr Date: OCT 28-09
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. _____

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WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well. SEP 9 1975

1. WELL OWNER

Name Marvin LangAddress 112 Spokane St. Post Falls, IdahoOwner's Permit No. 95-75-N-54

7. WATER LEVEL

Department of Water Resources
Northern District OfficeStatic water level 47 feet below land surfaceFlowing? ☐ Yes ☒ No G.P.M. flow Temperature ° F. Quality Artesian closed-in pressure p.s.i.Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Other Air BlowDischarge G.P.M. Approx 4 Draw Down Hours Pumped

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 125 feetCasing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>14</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☒ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number _____ From _____ To _____

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____

Placed from _____ feet to _____ feet

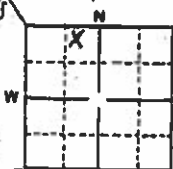
Surface seal depth 19 ft Material used in seal ☐ Cement grout☒ Pudding clay ☒ Well cuttingsSealing procedure used ☐ Slurry pit ☐ Temporary surface casing☒ Overbore to seal depth

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	19	Decomposed Granite		X
6"	19	40	Decomposed Granite	X	
	40	60	Granite		
	60	64	Granite (Fractured)	X	
	64	78	Granite		X
	78	85	Granite (Fractured)		X
	85	90	Granite (Fractured)	X	
	90	96	Granite		X
	96	98	Granite (Fractured)		X
	98	105	Granite		X
	105	109	Granite (Fractured)	X	
	109	111	Granite		X
	111	112	Granite (Fractured)		X
	112	116	Granite		X
	116	125	Granite (Fractured)		X

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KootenaiNE x NW x Sec. 15 T. 50 N. R. 5 E. (N)

10.

Work started 9-8-75 finished 9-8-75

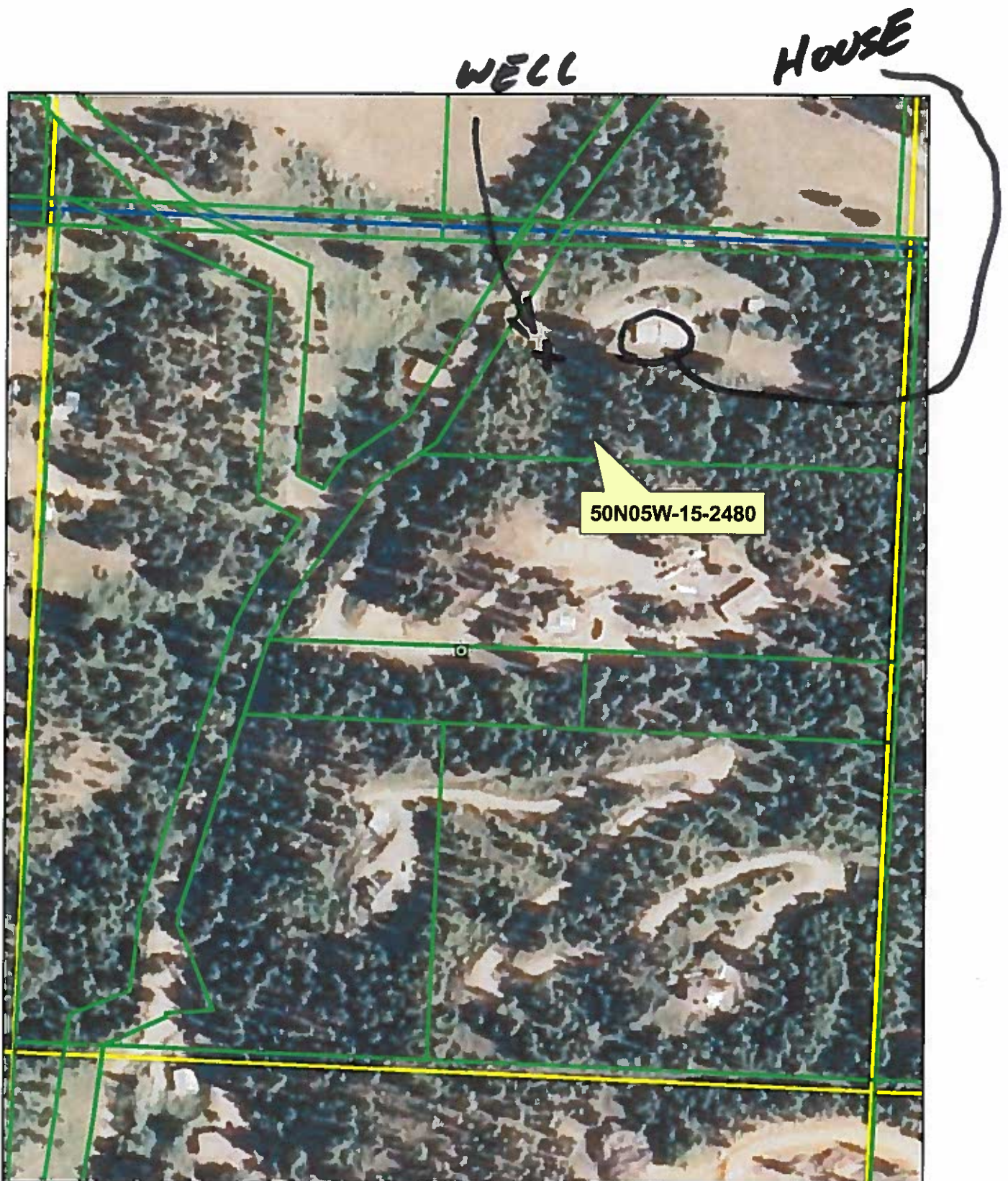
11. DRILLERS CERTIFICATION

Firm Name Enterprise Drilling Co. Firm No. _____Address Box 404 Post Falls, Idaho Date 9-7-75Signed by (Firm Official) Shelby Carter

and

(Operator) Shelby Carter

DAYTON PIN 50N05W-15-2480



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