

# 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 95-14548Date Received: 10/30/2009Receipt No: N022676Received By: tw

## 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) THOMAS Holmes Family Trust Phone (A/C) 660 1042

Mailing Address 8880 E MARINE DR POST FALLS Zip 83854  
Street or Box City State

2. Date of Priority: (Only one per claim) 11-04-1981 NA  
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 50N, Range 5W, Section 12,  
NW 1/4 of NW 1/4, or Govt. Lot 4 BM. County of Kootenai;  
Parcel (PIN) no. 50N05W-12-3520

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.

95-81-N-50 well completed 11-81 connects 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 12-31 amount 204 (cfs) or AFY ( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 204 cfs ( ) or AFY ( )

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

Stockwater and Number of livestock) ONE Home

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9. Location of Place of Use is: Township 50N, Range 5W, Section 12,  
NW 1/4 of NW 1/4, Govt. Lot 4 BM. Parcel (PIN) no. 50N05W123560  
for (Check One) Domestic ☒ Stock ☐ Domestic and Stock ☐ If different than shown in Item 4

Additional places of use, if any NA

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) Thomas Holmes Date: 10-30-09

Trustee Date: 10-30-09

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 \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

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STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

ENT'D

USE TYPEWRITER OR  
BALLPOINT PENState 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.

## 1. WELL OWNER

Name Thomas M. & Rosamund M. Holmes  
Address PO Box 1513 Coeur d'Alene Id. 83814  
Owner's Permit No. 95-81-N-50

## 7. WATER LEVEL

Static water level 150 feet below land surface.  
Flowing? ☐ Yes ☒ No G.P.M. flow \_\_\_\_\_  
Artesian closed-in pressure \_\_\_\_\_ p.s.i.  
Controlled by: ☐ Valve ☒ Cap ☐ Plug  
Temperature cold °F. Quality Good

## 2. NATURE OF WORK

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

## 8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other \_\_\_\_\_

| Discharge G.P.M. | Pumping Level | Hours Pumped |
|------------------|---------------|--------------|
| <u>40+</u>       | <u>-</u>      | <u>1 hr.</u> |

## 3. PROPOSED USE

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

## 9. LITHOLOGIC LOG

| Hole<br>Diam. | Depth      |            | Material               | Water<br>Yes No |
|---------------|------------|------------|------------------------|-----------------|
|               | From       | To         |                        |                 |
| <u>8</u>      | <u>0</u>   | <u>20</u>  | <u>Sand and Gravel</u> | <u>X</u>        |
| <u>6</u>      | <u>20</u>  | <u>63</u>  | <u>Gravel</u>          | <u>X</u>        |
|               | <u>63</u>  | <u>105</u> | <u>Sand</u>            | <u>X</u>        |
|               | <u>105</u> | <u>150</u> | <u>Gravel</u>          | <u>X</u>        |
|               | <u>150</u> | <u>180</u> | <u>Sand - Gravel</u>   | <u>X</u>        |

## 4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary  
☐ Cable ☐ Dug ☐ Other \_\_\_\_\_

## 5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other \_\_\_\_\_

| Thickness           | Diameter        | From          | To              |
|---------------------|-----------------|---------------|-----------------|
| <u>1.250</u> inches | <u>6</u> inches | <u>3</u> feet | <u>127</u> feet |
| _____ inches        | _____ inches    | _____ feet    | _____ feet      |
| _____ inches        | _____ inches    | _____ feet    | _____ feet      |
| _____ inches        | _____ inches    | _____ feet    | _____ feet      |

Was casing drive shoe used? ☒ Yes ☐ No  
Was a packer or seal used? ☐ Yes ☒ No  
Perforated? ☒ Yes ☐ NoHow perforated? ☐ Factory ☐ Knife ☒ TorchSize of perforation 1/4 inches by 10 inches

| Number                 | From            | To              |
|------------------------|-----------------|-----------------|
| <u>10</u> perforations | <u>171</u> feet | <u>177</u> 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 20 Material used in seal: ☐ Cement grout☒ Puddling clay ☒ Well cuttingsSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strata

Describe access port \_\_\_\_\_

## 6. LOCATION OF WELL

Sketch map location. Must agree with written location.

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| N |   |  |  |  |   |
|   | X |  |  |  |   |
| W |   |  |  |  | E |
|   |   |  |  |  |   |
|   |   |  |  |  |   |
|   |   |  |  |  |   |
| S |   |  |  |  |   |

Subdivision Name Government lot  
Lot No. #4 Block No. \_\_\_\_\_  
County Kootenai

County Kootenai  
NW 1/4 NW 1/4 Sec. 2 T. 50 S. R. 5 E.

## 10.

Work started 11/2/81 finished 11/4/81

## 11. DRILLERS CERTIFICATION

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

Associated well \_\_\_\_\_

Firm Name Drillers Inc Firm No. 245Address Box 723 Date 11/4/81Signed by (Firm Official) Paul Shontz

and

(Operator) Robert F. DuganSCANNED  
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# HOLMES LIVING TRUST PIN 50N05W-12-3520



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