

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 95-14533
Date Received: 10/27/2009
Receipt No: N022634
Received By: dm

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

- Name of Claimant(s) Don & Kathy Samberton Phone (208) 715 4638
Mailing Address 577 S Amble Trail Post Box 2 Falls ID Zip 83854
Street or Box City State
- Date of Priority: (Only one per claim) 10-3-2009
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) N/A
- Location of Point of Diversion is: Township 50N, Range 5W, Section 10,
SW 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 50N 5W - 10 - 6200
Additional points of diversion if any: N/A
If available, GPS coordinates: N/A
- 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.
D001-0175 Well completed 1999
Connected to 1 home 1 pressure tank
- 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 0.04 cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed 0.04 cfs (☒) or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) 1 home

SCANNED
OCT 27 2009

9. Location of Place of Use is: Township 50N, Range 5W, Section 10,

SW 1/4 of SW 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? Hosteni

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: 120 acre cite has 2 homes

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) Don Pemberton Date: 10-27-09

Katherine Pemberton Date: 10-27-09

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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Form 238-7

11/97

JUN 28 1999

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

076676

IDWR/North

1. WELL TAG NO. D0010175

DRILLING PERMIT N

95-99-N-81

Other IDWR No

2. OWNER:

Name Don Pemberton

Address 412 Timberlane

City Post Falls

State ID

Zip 83654

3. LOCATION OF WELL by legal description:

N Twp 50N North ☒ or South ☐
Rge 05W East ☐ or West ☒
Sec 10 1/4 NW 1/4 SW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____

Address of Well Site: (see next line)

Corner of Schilling and Penny Lane

City

Lot _____ Blk _____

Sub. Name (see next line)

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/Lbs	
Bentonite	0	28	8 sacks	Dry pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 27'

Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6"	1	27	0.25	Steel	☒	☐	☒	☐
4"	-10	400	0.16	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe

Length Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations? Method Drill

☐ Screens? Screen Type

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
360	400	1/8	500	1/8	PVC	☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

40 ft. below ground.

Artesian pressure lb.

Depth flow encountered

140

ft. Describe access port or

control devices: Steel cap welded

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
5 est.	100%	400	2 hrs

Water Temp.

cold

Bottom hole temp.

cold

Water Quality test or comments: (below) Depth first Water Encountered 140
clean & clear

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	27	Decomposed granite - soft	☐	☐
6	27	124	Broken granite - soft	☐	☐
6	124	149	Quartz - white - 3 gpm	☐	☐
8	149	224	Granite - black & white - hard	☐	☐
6	224	315	Quartz - green - 2 gpm	☐	☐
6	315	400	Granite - green - hard	☐	☐

Completed Depth

400

(Measurable)

Date: Started

6/23/99

Completed

6/24/99

13. DRILLERS CERTIFICATION

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

Firm Name

United Drilling Inc.

Firm No

414

Firm Official and

Jason C. Beckham

Date

6/25/99

Supervisor or Operator

Jason C. Beckham

Date

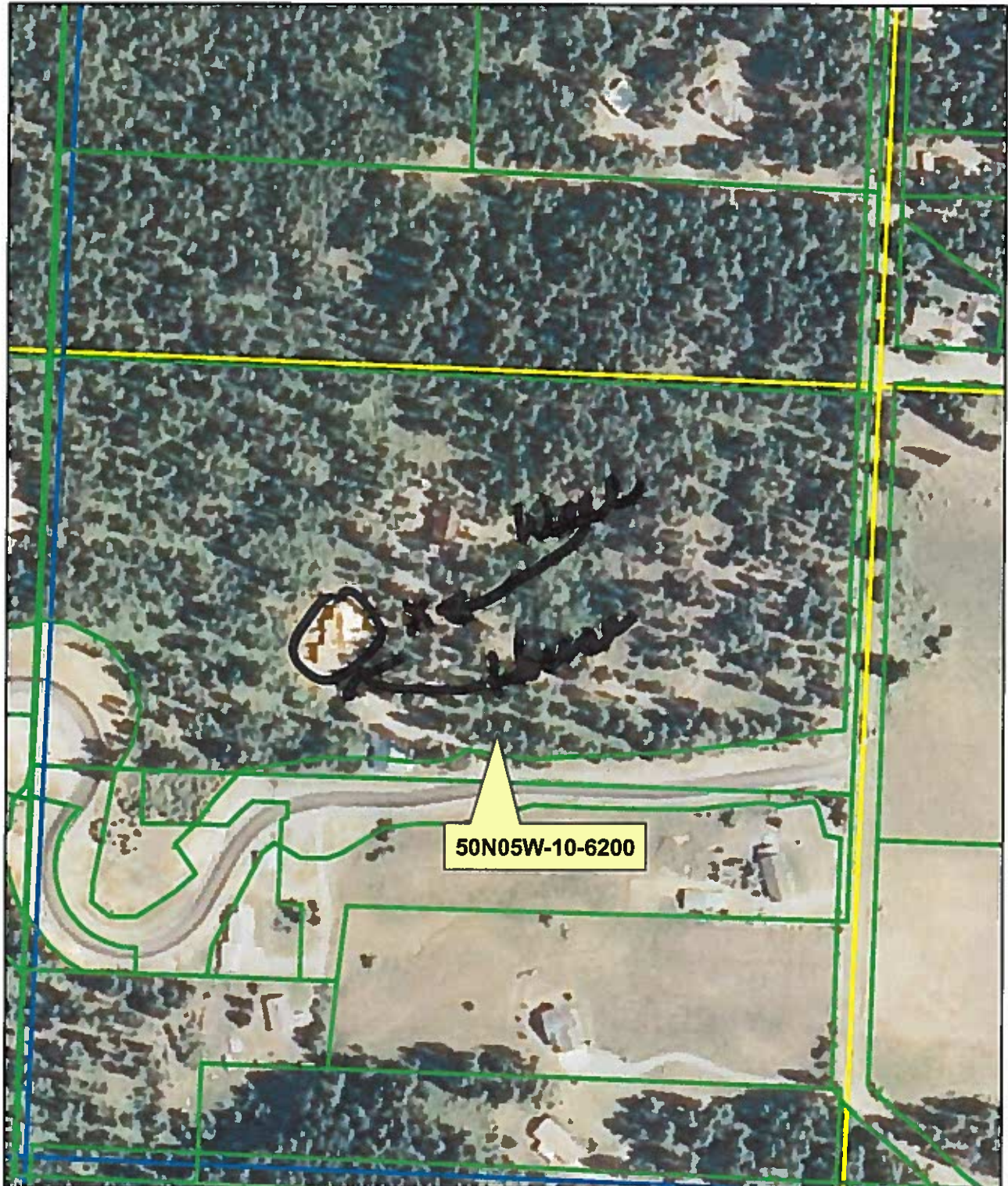
6/25/99

50N 5W 10

FORWARD WHITE COPY TO WATER RESOURCES

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PEMBERTON PIN 50N05W-10-6200



SC 11111111
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