

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 95-14460Date Received: 10-21-09Receipt No: 11022542Received By: ur

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

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IDWR/North

1. Name of Claimant(s) Steven Williams Phone (208) 661-4038Mailing Address P.O. Box 3782 Hayden ID Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) 4-10-2008
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 49N, Range 3W, Section 12,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 49N03W-12-1700Additional points of diversion if any: NAX If available, GPS coordinates: N 47° 31.65' W 111° 39.906'

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.

D0017364 6-19-01 Well completed. submersible
Pump installed 4-10-2008 connected to RV site

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 .04 cfs(✓) or AFY()For Stock water purposes from 01-01 to 12-31 amount .027. 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

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9. Location of Place of Use is: Township 49N, Range 3W, Section 12,
SW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 49N03W-12-1400
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 County

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) Steve M Williams Date: 10-18-09

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ 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. 95-14460

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IDAHO DEPARTMENT OF WATER RESOURCES

7/12/01 WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0017364 JUN 25 2001
Drilling Permit No: _____
Other IDWR No. 769523 IDWR/North
2. OWNER Well Number: _____
Name Ken Williams 245

Address 21220 Military Rd. S.
City Seatac State WA Zip 98198-422

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

N									
S									

Twp. 49 ☒ North or ☐ South
Rge. 3 ☐ East or ☒ West
Sec. 12 SW 1/4 NE 1/4 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site Beauty Creek Road, Be.
City Coeur d' Alene

(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	
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	400	160	PVC	☐	☒	☐	☐
6	+2	18	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skilsaw
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
360	400	1/8 X 4	120	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

49N 3W 12

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25+		400	1HR

Water Temp. Cold Bottom Hole Temp Cold
Water Quality test or comments: Clear good
Depth first Water encountered 375

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	8	Top Soil Limer Clay	☐	☒
8	8	15	Decomp Granite Soft	☐	☒
8	15	375	Granite Salt & Pepper	☐	☒
8	375	380	Granite Fractured W/Apx 25+gpm	☒	☐
8	380	400	Granite Salt & Pepper	☒	☐

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SEP 14 2001

Department of Water Resources

Completed Depth 400 (Measurable)
Date: Started 6/18/01 Completed 6/19/01

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 H2O WellService, Inc. Firm No. 448
Firm Official [Signature] Date 6-22-01
and
Supervisor or Operator [Signature] Date 6-20-01
(Sign Once if Firm Official and Operator)

Louie Hammer

WILLIAMS PIN 49N03W-12-1700

