

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 95-15253Date Received: 9/20/10Receipt No: PD95703Received By: RK

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) William J. Castin Phone 208 676-0851

Mailing Address 7923 S. Jo-Lee Lane Harmon, ID Zip 83832
Street or Box City State

2. Date of Priority: (Only one per claim) April 18, 1986
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) 49N

4. Location of Point of Diversion is: Township 49N, Range 3W, Section 8
S.W 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KEOTAWA
Parcel (PIN) no. 88900

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 in Pump

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

For Dupet purposes from JAN 1st to Dec 31 amount P.O. 4
Month/Day Month/Day cfs () 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 Horse

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SEP 20 2010

9. Location of Place of Use is: Township 49 N, Range 3 W, Section 8

SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
for (Check One) Domestic (☒) Stock () Domestic and Stock ()

If different than shown in Item 4

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) _____

Date: _____

Date: Sept 20-10

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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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState 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.USE TYPEWRITER OR
BALLPOINT PEN

1. WELL OWNER Name <u>Bordow Jetti</u> Address <u>2918 Fernan ct</u> <u>Co Co Id</u> Owner's Permit No. <u>95-86-N-31</u> <u>765-5188</u>		7. WATER LEVEL Static water level <u>100'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>64.0</u> °F. Quality _____ Describe artesian or temperature zones below.																																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____																																																					
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		<table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>10 WITH AIR</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>10 WITH AIR</u>																																																
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>4</td><td>TOP SOIL</td><td></td><td>X</td></tr><tr><td>8</td><td>4</td><td>100</td><td>CLAY</td><td></td><td>X</td></tr><tr><td>8</td><td>100</td><td>125</td><td>SAND</td><td>2 GPM.</td><td>X</td></tr><tr><td>8</td><td>125</td><td>170</td><td>CLAY</td><td></td><td>X</td></tr><tr><td>8</td><td>170</td><td>180</td><td>SHALE</td><td></td><td>X</td></tr><tr><td>6</td><td>180</td><td>192</td><td>SHALE</td><td></td><td>X</td></tr><tr><td>6</td><td>192</td><td>235</td><td>SHALE</td><td></td><td>X</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	4	TOP SOIL		X	8	4	100	CLAY		X	8	100	125	SAND	2 GPM.	X	8	125	170	CLAY		X	8	170	180	SHALE		X	6	180	192	SHALE		X	6	192	235	SHALE		X
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5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches From _____ feet To _____ 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 ☒ No How 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 <u>12</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____		10. Work started <u>4-17-86</u> finished <u>4-18-86</u>																																																					
6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W E S County <u>Kootenai</u> <u>SW</u> <u>NE</u> <u>SE</u> <u>SW</u> Sec. <u>8</u> T. <u>49</u> N. R. <u>3</u> E. W.		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Ho Well Service</u> Firm No. <u>448</u> Address <u>582 W. Highway 90C</u> Date <u>4-22-86</u> <u>Hayden Idaho 83835</u> Signed by (Firm Official) <u>John M. Whelan</u> and (Operator) <u>Glenn Shultz</u>																																																					

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

COANNED
SEP 20 2010