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OCT 05 2016
IDW/ NORTH

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: 95-17213
Date Received: 10/5/2016
Receipt No: 11032211
Amount Paid: 25.00
Received By: LW

**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)

PHILIP WARD
1934 W CHRISSEAN CT
RATHDRUM ID 83858

Phone: (208) 277-8836

AND/OR

NEALE B WARD
1934 W CHRISSEAN CT
RATHDRUM ID 83858

Phone: (208) 446-4746

2. Date of Priority: 9/8/2009

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
52N	04W	15	SE SE		KOOTENAI	

5. Description of diverting works:

Well & Pump

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
52N	04W	15	SE		SE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:
WELL LOG

13. Basis of Claim: Beneficial Use

14. Signature(s)

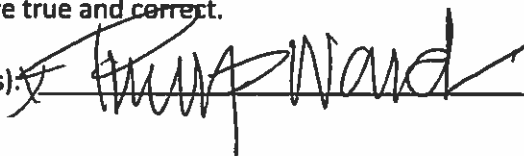
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do not wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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):



Date: 10/05/2014

Date: _____

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WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0056638

Drilling Permit No: 857319
Other IDWR No. _____

2. OWNER WARD, PHILIP & NEALE Well Number: 1494

Address P.O. BXO 2811

City COEUR D'ALENE State ID Zip 83816

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

N		Twp. 52N		☒ North or ☐ South	
W		Rge. 04W		☐ East or ☒ West	
E		Sec. 15		1/4 SE 1/4 SE 1/4	
Gov't Lot _____		County <u>KOOTENAI</u>		Latitude: <u>47:50:960</u> Longitude: <u>116:48:761</u>	

Address of Well Site 1934 CHRISSHAM
City RATHDRUM

(Give at least name of road + Distance to Road or Landmark)

Lt. 4 Blk. 2 Sub. Name WELLER EST.

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	500 LBS	

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) RB

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	340	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method KNIFE

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
320	340	1/4	120	6	STEEL	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

280 ft. below ground Artesian pressure _____ lb.

Depth flow encounter 300 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 290

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
10	0	3	Top Soil		☐	☒
10	3	18	Cobbles, Sand & Gravels		☐	☒
8	18	280	Cobbles, Sand & Gravels		☐	☒
8	280	300	Gravels & Boulders		☒	☐
8	300	340	Gravels & Sand		☒	☐

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SEP 14 2009

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Completed Depth 340 (Measurable)
Date: Started 8/12/2009 Completed 9/8/2009

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 Jim McL Leslie Date 9-10-09

and Supervisor or Operator Jim McL Leslie Date 9/8/2009

JIM McLESLIE (Sign Once if Firm Official and Operator)

52N 04W 15