

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 95-15290
Date Received: 6/3/11
Receipt No: N027465
Received By: ME

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) JACK + MICHAEL CRITCHFIELD Phone 208 683-3303

Mailing Address 382 BAKER RD. ATLH, ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 6-16-2004
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 54N, Range 2W, Section 17,
NE 1/4 of S.E 1/4, or Govt. Lot _____ BM. County of BONNER;
Parcel (PIN) no. RPO1260000010A

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 & PUMP

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

For DOMESTIC purposes from 1-1 to 12-31 amount .04 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 HOME

SCANNED
JUN - 3 2011

9. Location of Place of Use is: Township 54N, Range 2W, Section 17,
NE 1/4 of SE 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 _____

10. In which county (ies) are lands listed above as place of use located? BONNER

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) Michael Crutchfield Date: 6-3-11

Date: _____

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. _____

SCANNED

JUN - 3 2P

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0033905

Drilling Permit No: 816400

Other IDWR No. _____

2. OWNER

Well Number: _____

Name Critchfield, Jack & Michal

768

Address 382 Baker Road

City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N					
W					
				X	
S					

Twp. 54 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
E Sec. 17 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site Baker Rd off Bayview
City Athol

(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	200 lbs	Overbore

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	40	.250	Steel	☒	☐	☒	☐
4	-20	160	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method _____ Skil saw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
120	160	1/8x6	80	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

23 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12			1 hr

Water Temp. Cold Bottom Hole Temp Cold

Water Quality test or comments: Clear

Depth first Water encountered 51

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	2	Top Soil	☐	☒
8	2	26	Large Cobble, Sand, Boulders, Gravel	☐	☒
8	26	31	Sand	☐	☒
8	31	37	Decomposed Granite	☐	☒
8	37	40	Granite S&P	☐	☒
6	40	51	Granite S&P Med	☐	☒
6	51	53	Granite S&P w/Orange Soft 1 1/2gpm	☒	☐
6	53	84	Granite S&P Med	☐	☒
6	84	89	Granite Green&White Soft	☐	☒
6	89	131	Granite S&P Med	☐	☒
6	131	137	Granite S&P w/Rose 10+gpm	☒	☐
6	137	160	Granite S&P Med Hard	☐	☒

RECEIVED
JUL 01 2004
IDWR/North

Completed Depth 160 (Measurable)
Date: Started 6/14/2004 Completed 6/16/2004

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 Mark Penick Date 06/18/04

and _____

Supervisor or Operator Mark Penick Date 06/17/04

(Sign Once if Firm Official and Operator)

Mark Penick

54N 3W 17