

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 95-13929Date Received: 03/29/2010Receipt No: N023931Received By: LM

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) Michael and Susan Chaffee Phone (208) 665-7092Mailing Address 3600 Haley Hill Rd., Coeur d'Alene ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) August 1, 1993 Jan 1, 1994
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 50 N, Range 03 W, Section 5 SE SE,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 0-7190-001-001-0

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.

95-93-N-128-000, well completed 1993 and connected
to new home in 1994 and stock watering trough

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

For Domestic purposes from Jan 1 to Dec 31 amount .04 cfs () or AFY ()For Stockwater purposes from Jan 1 to Dec 31 amount .027. Total Quantity claimed .06 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) One home, 1-5 head
mixed stock

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MAR 29 2010

9. Location of Place of Use is: Township 50 N, Range 03 W, Section 5
SE 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 N/A

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 (map and well record)

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) [Signature] Date: 3-29-10

_____ 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESRECEIVED
JAN 12 1994
USE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State 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.

1. WELL OWNER

Name BILL REAGAN
Address 210 SHERMAN AVE., CDA ID
Drilling Permit No. 95-93-N-128-000
Water Right Permit No. _____

7. WATER LEVEL

Static water level 30 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality GOOD
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
- ☐
- Modification
-
- ☐
- Abandoned (describe abandonment or modification procedures
-
- such as liners, screen, materials, plug depths, etc. in lithologic
-
- log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>12 ESTIMATED</u>	<u>200</u>	<u>1</u>

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Monitor
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Auger
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Mud
- ☐
- Other _____
-
- (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other: _____
Thickness _____ Diameter _____ From _____ To _____
250 inches 6 inches + 2 feet 38 feet
160 PSI inches 4 inches 20 feet 200 feet
inches inches feet feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ PVC ☐ Yes ☐ No **DRILL**
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/2 inches by 1/2 inches
Number _____ From _____ To _____
240 perforations 160 feet 200 feet
perforations feet feet
perforations feet feet
Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____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 _____ feetSurface seal depth 38 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay _____
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strataDescribe access port N/A

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAIAddress of Well Site FRENCH CULCH
(give at least name of road)SE 1/4 SE 1/4 Sec. 5 T. 50N N ☐ or S ☐
R. 3W E ☐ or W ☐

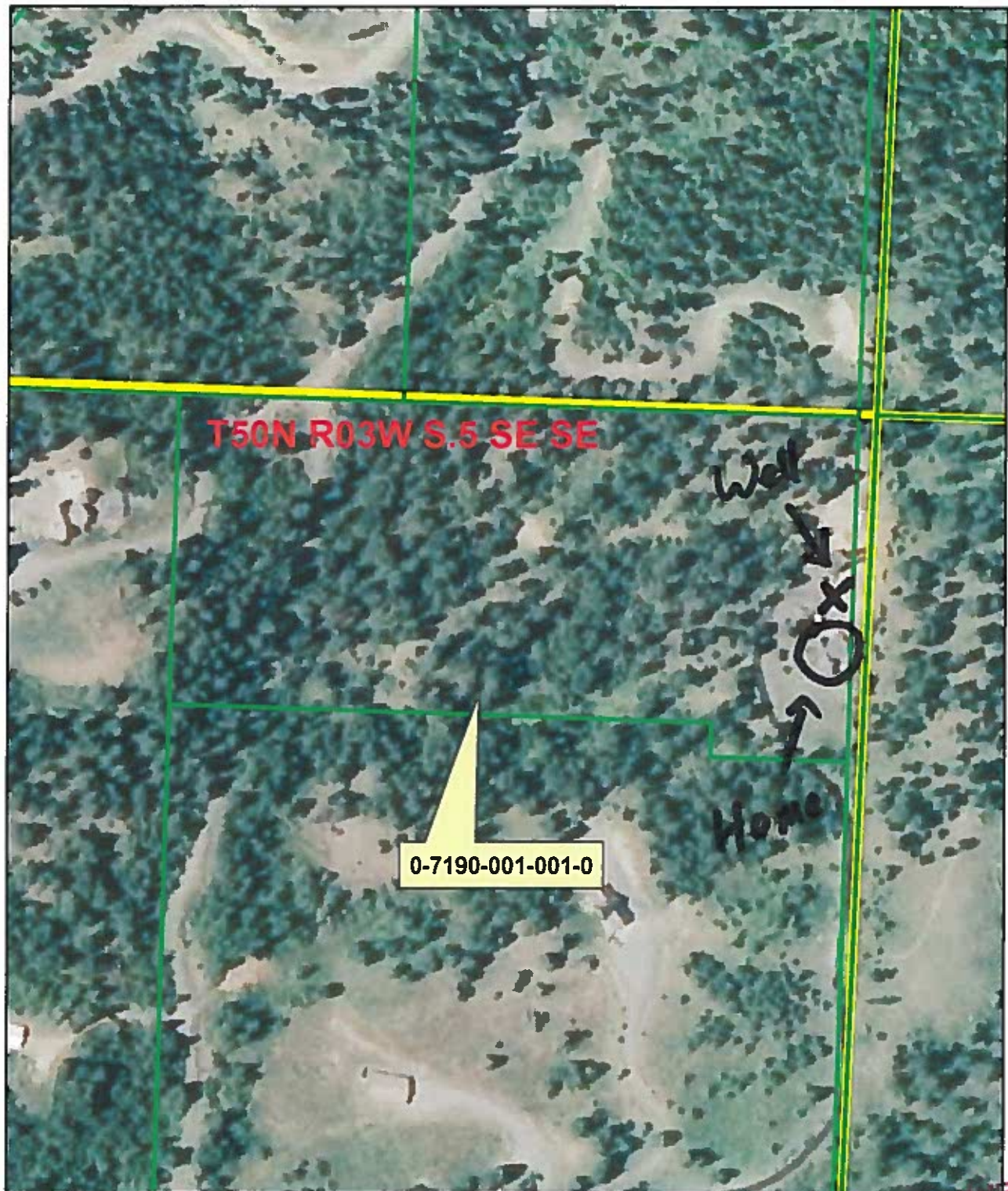
11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name UNITED DRILLING INC. 414Address P.O. BOX 1690 Date 7/14/93HAYDEN, ID 83435

Signed by Drilling Supervisor _____

and _____
(Operator) For Valley
(if different than the Drilling Supervisor)SCANNED
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CHAFFEE PIN 0-7190-001-001-0



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