

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 95-10282

Date Received: 3/26/9

Receipt No: N020157

Received By: JR

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) Sharon & Jerry Morrison Phone 208 664-1742

Mailing Address 1928 St. Maries Ave Cdt Id. Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) Feb. 10, 2007
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 53N, Range 2W, Section 18,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 53N02W/186800

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.

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 91 amount .02 cfs

7. Total Quantity claimed 1 home cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) 5 head of stock

CANNED

MAR 26 2009

9. Location of Place of Use is: Township 53W, Range 2W, Section 18,
SE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Kootenai
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? _____

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: 1

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) Sharon D. Morrison Date: 3/24/09

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. _____

SCANNED
MAR 26 2009

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____		Long: _____	

1. WELL TAG NO. D D0051203
 DRILLING PERMIT NO. 844236
 Water Right or Injection Well No. _____

2. OWNER:

Name Gerald + Sharon Morrison
 Address 12153 Whitetail Rd
 City Arhee State Id. Zip 83801

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 52 North ☒ or South ☐
 Rge. 02 East ☐ or West ☒
 Sec. 18 1/4 SE 1/4 SW 1/4
 Gov't Lot _____
 Lat: 47° 56' 18" Long: 116° 37' 57"
 Address of Well Site 58m E

(Give at least name of road - Distance to Road or Landmark)
 City _____
 Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	21	600	Slurry-Pour

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____
 Was drive shoe seal tested? ☐ Y ☒ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	305	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method					
Screen Type & Method of Installation					
From	To	Slot Size	Number	Diameter	Material

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
67	Total	525	6 hrs.

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	4	Top soil			
8	4	21	Gravel + Cobbles			
6	21	36	Gravel + Cobbles			
6	36	261	Gravel medium			
6	261	287	Large Cobbles, gravel			
6	287	294	Decomposed Granite			
6	294	305	Hard Granite			
5 1/2	305	462	Hard Granite			
5 1/2	462	467	Medium Granite 29pm			
5 1/2	467	488	Hard Granite			
5 1/2	488	496	Soft Granite 49pm			
5 1/2	496	525	Hard Granite			

RECEIVED

FEB 23 2007

IDWR/North

Completed Depth 525 (Measurable)
 Date: Started 12-12-06 Completed 2-10-07

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Disco Drilling Firm No. 638
 Principal Driller Jerry R. Carlson Date 2-16-07
 and _____
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

52N 02W 18