

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

RECEIVED

OCT 18 2011

IDWR / NORTH

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

CIVIL CASE NUMBER: 49576

Ident. Number 95-16029

Date Received: 10-18-11

Receipt No: NO28308

Received By: [Signature]

1. Name of Claimant(s) GREGORY AND/OR JUDY BENEDICT Phone (208) 623-6781

Mailing Address PO BOX 547 SPIRIT LAKE ID Zip 83869
Street or Box City State

2. Date of Priority: (Only one per claim) 6-25-1993
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 05W, Section 25,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of BONNER

Parcel (PIN) no. RP54N05W250005A

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 WITH PIPING TO HOME

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 ^{Month/Day} to 12/31 ^{Month/Day} amount 0.04 ^{cfs(✓) or AFY()}

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

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

Stockwater and Number of livestock) DOMESTIC FOR ONE HOME

SCANNED
OCT 18 2011

9. Location of Place of Use is: Township 54N, Range 05W, Section 25,
NE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. SAME
 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? 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:
DRILLER REPORT STATES WELL DRILLED ON 6/25/1993

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 (X) 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) Audrey L. Benedict Date: 10-18-11

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 forgoing 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.** _____

UNCLASSIFIED
CANNED
OCT 13 2011

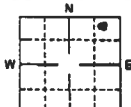
ENT'D

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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.RECEIVED
USE TYPEWRITER OR
JAN 12 1994
POINT PEN

Department of Water Resources

1. WELL OWNER Name <u>DALE KING</u> Address <u>P.O. BOX 25 SPIRIT LAKE ID</u> Drilling Permit No. <u>96-93-C-0121-000 83867</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>260'</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 _____ °F. Quality _____ 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 _____ <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>5 GPM</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> <u>090580</u>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>5 GPM</u>																								
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <u>8 0-20 SAND + SMALL GRAVEL</u> <table border="1"><thead><tr><th>Bore Diam.</th><th>Depth From To</th><th>Material</th><th>Water Yes No</th></tr></thead><tbody><tr><td><u>6</u></td><td><u>257 340</u></td><td><u>SAND + SMALL GRAVEL</u></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>340 342</u></td><td><u>GRANITE</u></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>342 410</u></td><td><u>FRACTURED GRANITE</u></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>410 411</u></td><td><u>GRANITE</u></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>411 450</u></td><td><u>FRACTURED GRANITE</u></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>450</u></td><td><u>GRANITE</u></td><td><u>X</u></td></tr></tbody></table>	Bore Diam.	Depth From To	Material	Water Yes No	<u>6</u>	<u>257 340</u>	<u>SAND + SMALL GRAVEL</u>	<u>X</u>	<u>6</u>	<u>340 342</u>	<u>GRANITE</u>	<u>X</u>	<u>6</u>	<u>342 410</u>	<u>FRACTURED GRANITE</u>	<u>X</u>	<u>6</u>	<u>410 411</u>	<u>GRANITE</u>	<u>X</u>	<u>6</u>	<u>411 450</u>	<u>FRACTURED GRANITE</u>	<u>X</u>	<u>6</u>	<u>450</u>	<u>GRANITE</u>	<u>X</u>
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	RECEIVED AUG 05 1993 NORTHERN REGION IDWR RECEIVED JUL 26 1993 NORTHERN REGION IDWR																												
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ Diameter _____ From _____ To _____ <u>250</u> inches <u>6</u> inches + <u>215</u> feet <u>258'</u> feet Inches _____ feet _____ feet Inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? <u>4" PVC</u> ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? <u>4</u> inches by <u>4</u> inches Number _____ From _____ To _____ <u>2 ROWS</u> perforations <u>410</u> feet <u>430</u> feet <u>2 ROWS</u> perforations <u>370</u> feet <u>390</u> feet <u>2 ROWS</u> perforations <u>330</u> feet <u>350</u> 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 _____ feet Surface seal depth <u>20'</u> 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 strata Describe access port _____																													
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>BONNER</u> Address of Well Site <u>Hiway 41 N of SPIRIT LAKE</u> (give at least name of road) <u>N 5 1/4 E 1/4 Sec. 25 R. 5 E or W</u>																													
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 <u>HESTER WELL DRILLING</u> Firm No. <u>528</u> Address <u>Rt 1 Box 142</u> Date <u>6-28</u> Signed by Drilling Supervisor <u>Clarence Shultz</u> and (Operator) <u>Clarence Shultz</u> (If different than the Drilling Supervisor)																													

