

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 95-16062Date Received: 10-20-11Receipt No: 2028327Received By: cm

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

RECEIVED

OCT 20 2011

IDWR/NORTHERN

1. Name of Claimant(s) KERRY R. & MAXINE L. BIGNALL Phone (208) 437-2332Mailing Address PO Box 505 Blanchard ID Zip 83804
Street or Box City State2. Date of Priority: (Only one per claim) 4/24/2004
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 _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of _____;Parcel (PIN) no. RP54N05W084200A

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 - SEE ATTACHED WELL DRILLERS REPORT

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 Stockwater purposes from 1/1 to 12/31 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) DOMESTIC - ONE householdStockwater up to 10 headSCANNED
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9. Location of Place of Use is: Township _____, Range _____, Section _____,

_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. RP54 N05W084200A
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: 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) Kerry R. Bignall Date: 10/19/2011

Maxine L. Bignall Date: 10/19/2011

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. _____

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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.

Kerry Signall

437-2332

144 - Transfer Sp
Rd Blackhead

Jo BA 505

B/rechtel, I
83804

1 hp

1. WELL OWNER Name <u>Donna Smith</u> Address <u>Box 79, Blanchard, ID 83804</u> Owner's Permit No. <u>96-84-N-9</u>	7. WATER LEVEL Static water level <u> </u> feet below land surface Flowing? ☐ Yes ☒ No <u> </u> G.P.M. flow <u> </u> Artesian closed-in pressure <u> </u> p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u> </u> °F, Quality <u> </u>																																
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) <u> </u>	8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Air ☐ Other <u> </u> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																													
Discharge G.P.M.	Pumping Level	Hours Pumped																															
3. PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other <u> </u> (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Depth</th> <th>From</th> <th>To</th> <th>Material</th> <th>Water</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>12</td> <td>Sand</td> <td> </td> </tr> <tr> <td>12</td> <td>12</td> <td>19</td> <td>CLAY</td> <td> </td> </tr> <tr> <td>19</td> <td>19</td> <td>114</td> <td>Sand & clay lenses</td> <td> </td> </tr> <tr> <td>114</td> <td>114</td> <td>119</td> <td>Granite decomposed</td> <td> </td> </tr> <tr> <td>119</td> <td>119</td> <td>204</td> <td>Granite 200 ft 180+</td> <td>X</td> </tr> </tbody> </table> 4" P.V.C. liner 100'	Depth	From	To	Material	Water	0	0	12	Sand		12	12	19	CLAY		19	19	114	Sand & clay lenses		114	114	119	Granite decomposed		119	119	204	Granite 200 ft 180+	X		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other <u> </u>	RECEIVED OCT 28 1984 604:51 Department of Water Resources RECEIVED OCT 1 1984 Department of Water Resources RECEIVED																																
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>3/8" inches</td> <td>6 inches</td> <td>1 foot</td> <td>119 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Was casing drive shoe used? ☒ Yes ☐ No Was a cushion or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation <u> </u> inches by <u> </u> inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Well screen installed? ☐ Yes ☒ No Manufacturer's name <u> </u> Type <u> </u> Model No. <u> </u> Diameter <u> </u> Slot size <u> </u> Set from <u> </u> feet to <u> </u> feet Diameter <u> </u> Slot size <u> </u> Set from <u> </u> feet to <u> </u> feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel <u> </u> Placed from <u> </u> feet to <u> </u> feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ Well casings Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casings: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Connected between screens Describe access port <u>Test Port 6" NPTed with cap</u>	Thickness	Diameter	From	To	3/8" inches	6 inches	1 foot	119 feet													Number	From	To										10. Work started <u>8/2/84</u> finished <u>8/3/84</u>
Thickness	Diameter	From	To																														
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6. LOCATION OF WELL Sketch map location must agree with written location. Subdivision Name <u> </u> Lot No. <u> </u> Block No. <u> </u> County <u>Bonner</u>	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Bartholomew Drilling Firm No. 52</u> Address <u>11525 Nine Mile Rd.</u> Date <u>9/27/84</u> <u>Nine Mile Falls, WA 99026</u> Signed by (Firm Official) <u>Lynn Bartholomew</u> and (Operator) <u>Lynn Bartholomew</u>																																

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

Q.10 / 141-5588

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