

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 95-10868Date Received: 7/24/09Receipt No: 2021448AReceived By: KW

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) MORRILL DAVID AND/OR DAVEY Phone (208) 683-3465Mailing Address 8139 E HOWARD RD, ATRAL ID Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) 6/3/77
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 53N, Range 3W, Section 10,
SW 1/4 of NE 1/4, or Govt. Lot 0 BM. County of KOOTENAI;Parcel (PIN) no. OK 187-001-0010

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 USE purposes from 1/1 to 12/31 amount .04
Month/Day Month/Day 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) ONE HOME

SCANNED

JUL 20 2009

9. Location of Place of Use is: Township 53N, Range 3W, Section 10,
SW 1/4 of NE 1/4, Govt. Lot 0 BM. Parcel (PIN) no. OK187-001-0010
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? Kootana

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: ONE

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) David C. Howell Date: 7/20/09

David C. Howell Date: 7/20/09

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

JUL 20 2009

WELL DRILLER'S REPORT

0.1N3

RECEIVED

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.

JUL 31 1975

1. WELL OWNER

Name William P Sims
Address ATHOL IDAHO
Owner's Permit No. 96-75-N-58

7. WATER LEVEL

Department of Water Resources
Northern District Office
Static water level 378 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow
Temperature 60H ° F. Quality EXCELLENT
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped
<u>20</u>	<u>0</u>	<u>8</u>

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	14	CLAY + GRAVEL		✓
	14	37	BOULDERS		✓
	37	44	GRAVEL + SILT		✓
	44	55	BOULDERS		✓
	55	62	CLAY + GRAVEL		✓
	62	67	GRANITE BOULDER		✓
	67	99	LARGE GRAVEL + CLAY		✓
	99	104	SAND + GRAVEL		✓
	104	144	CEMENTED GRAVEL		✓
	144	184	BOULDERS		✓
	184	236	LARGE GRAVEL + CLAY		✓
	236	262	POOR GRAVEL		✓
	262	341	CEMENTED GRAVEL + CLAY		✓
	341	349	GRAVEL MEDIUM SIZED		✓
	349	382	" + CLAY		X
	382	402	DECOMPOSED GRANITE	X	
	402	412	LARGE GRAVEL + CLAY	X	
	412	442	" " + COARSE SAND	X	

4. METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

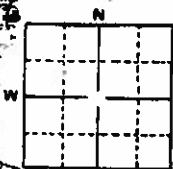
Diameter of hole 8 inches Total depth 442 feet
Casing schedule: ☒ Steel ☐ Concrete
Thickness Diameter From To
350 inches 8 inches 1 feet 422 feet
322 inches 8 inches 422 feet 442 feet
____ inches _____ inches _____ feet _____ feet
____ inches _____ inches _____ feet _____ feet
____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches
Number From To
____ perforations _____ feet _____ feet
____ perforations _____ feet _____ feet
____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
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 120 Material used in seal ☐ Cement grout
☒ Pudding clay ☐ Well cuttings
Sealing procedure used ☐ Slurry pit ☒ Temporary surface casing
☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAISW 1/4 NE 1/4 Sec. 10 T. 57 N. R. 3 E. 1/4

10.

Work started 6-15-75 finished 7-28-75

11. DRILLERS CERTIFICATION

Firm Name ROUND X WATER WELLS Firm No. 287Address RAIDEN IDAHO Date 7-29-75Signed by (Firm Official) London Ordorand
(Operator) Randy Cordon