

COPY

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 95-14027
Date Received: 9-17-09
Receipt No: NO22152
Received By: ///

RECEIVED

SEP 17 2009

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

IDWR / NORTH

1. Name of Claimant(s) JAMES L. AND/OR WENDY L. Norvell Phone (208) 687-9211

Mailing Address 19645 Cottagewood Ln. Rathdrum ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) _____
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other () (a) NA
which is tributary to (b) NA

4. Location of Point of Diversion is: Township 52N, Range 4W, Section 14,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 52N04W-14-8200

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.

95-78-N-64 well completed 1978 +
connected to one 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 01-01 to 12-31 amount 104 (cfs) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 104 (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
MAY 02 2017

9. Location of Place of Use is: Township 52N, Range 4W, Section 14

NW 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 NA

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.

95-8065 Supplies Drinking Water or None ()

13. Remarks:

Well is connected to home Back up
Domestic use. original sole source of water.

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

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) _____ Date: _____

_____ 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 James L. Norvell

Address Wendy S. Norvell

Date 9-17-09

Last Name Norvell

Identification No. _____

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MAY 02 2017

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER

Name James L. or L. M. Norwell
Address Route 2 Box 317 CHA ID 83814
Owner's Permit No. 95-78-N-64

7. WATER LEVEL

Static water level 35 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature 60.4 °F. Quality Good
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 ☐ Baller ☒ Other AIR

Discharge G.P.M.	Drawdown	Hours Pumped
<u>2.5</u>	<u>—</u>	<u>1 hr.</u>

3. PROPOSED USE

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

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

6. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 75 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6</u> inches	<u>1</u> foot	<u>21</u> feet
_____ inches	_____ inches	_____ feet	_____ 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 21 Material used in seal: ☐ Cement grout

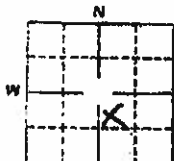
☐ Puddling clay ☒ Well cuttings

Sealing procedure used: ☒ Slurry pit ☒ Temporary surface casing

☒ Overbore to seal depth

9. LOCATION OF WELL

Sketch map location must agree with written location. 95



Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai

100 1/2 Sec. 14, T. 52 N. S. R. 4 E

10.

Work started 10/5/78 finished 10/5/78

11. DRILLERS CERTIFICATION

Firm Name Associated Well Drilling Firm No. 245

Address Box 223, C. O. A. Idaho Falls 10/6/78

Signed by (Firm Official) Bob Thompson

and

(Operator) Robert J. Pugh

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

NORVELL PIN 52N04W-14-8200

