

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 95-11223Date Received: 6/4/2009Receipt No: N020819Received By: AM

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) Craig L. Frawley Phone 888 640-0998Mailing Address 7589 E. Forest View Dr. Arthol Id. Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) 11/15/2005
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ For Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 53N, Range 03W, Section 3,
NW 1/4 of NE 1/4, or Govt. Lot 2 BM. County of Kootenai;
Parcel (PIN) no 0-2640-001-014-0

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.

D-0022115 Well drilled to 426'
Completed 2002 Connected to home 2005

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 0.04 cfs() or AFY()
Month/Day Month/Day

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) 1 home

SCANNED

JUN - 4 2009

9. Location of Place of Use is: Township 53N, Range 03W, Section 3,

NW 1/4 of NE 1/4, Govt. Lot 2 BM. Parcel (PIN) no. _____

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? _____

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:

Traveling water prior to 2005

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: 3

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)

[Signature] Date: 6/4/2009

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

JUN - 4 2009

RECEIVED

Form 238-7
11/97

APR 23 2002

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	Long	

IDWR/North

1. WELL TAG NO. D-0022115

DRILLING PERMIT NO. 776398

Other IDWR No.

2. OWNER:

Name MICHAEL A. MADSEN
Address 30701 PHEASANT RUN CRT.
City ATHOL State ID Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. 53N		North ☐ or South ☐	
E		Rge. 3W		East ☐ or West ☐	
S		Sec. 3		1/4 SW 1/4 SW 1/4	
W		Gov't Lot		County KOOTENAI	
		Lat:		Long:	
		Address of Well Site FOREST VIEW CRT.		City ATHOL	

(Give at least name of road + Distance to Road or Landmark)

Lt. 15 Blk. 1 Sub. Name

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
BENTONITE	0	20	12 SACKS		POUR (DRY)

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	41.5'	424	.25	STEEL	☒	☐	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

Perforations Method STAR (AIR)
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
390	420	1/4	600			☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

340 ft. below ground Artesian pressure lb.

Depth flow encountered 340 ft. Describe access port or control devices:

53N 3W 3

POSTED

11. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20	428	420	1 HR.

Water Temp. COLD Bottom hole temp.

Water Quality test or comments:

Depth first Water Encounter 387

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	TOP SOIL		X
10	1	20	COURSE SAND/GRAVEL w/ COBBLES		
6	20	34	COURSE SAND/GRAVEL w/ COBBLES		X
6	34	64	COURSE SAND/GRAVEL		X
6	64	68	BOULDER		X
6	68	85	COURSE SAND/GRAVEL		X
6	155	179	COURSE GRAVEL/COBBLES		X
6	179	218	COURSE GRAVEL/SOME SAND		X
6	218	220	BOULDER		X
6	220	387	COURSE SAND/GRAVEL w/ WATER	X	
6	387	391	BOULDERS		X
6	391	415	COURSE SAND/GRAVEL w/ WATER	X	
6	415	426	GRANITE / BLACK/WHITE MTD		X

Completed Depth 426' (Measurable)
Date: Started 4-18-02 Completed 4-22-02

13. DRILLER'S CERTIFICATION

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

Company Name FOGLE PUMP Firm No. 537
Firm Official J. Allred Date 4/22/02
and J. Allred
Driller or Operator J. Allred Date 4/22/02
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

FRAWLEY 0-2640-001-014-0



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