

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 95-11228Date Received: 6/2/2009Receipt No: N020790Received 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) Vicki M. Reel Phone 208 765-2422Mailing Address 7370 Sunnyside Rd Cl'A Id Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) March 27, 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 50N, Range 3W, Section 27,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 50N03W273050

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 Permit #9593-N-49-000 For well Connected 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 Jan 1 to Dec 31 amount 04 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

CANNED

JUN - 2 2009

9. Location of Place of Use is: Township 50N, Range 3W, Section 27

NW 1/4 of NW 1/4, Govt. Lot _____ 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 NIA

10. In which county (ies) are lands listed above as place of use located? Kootenai

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: 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) [Signature] Date: 6-2-09

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 _____

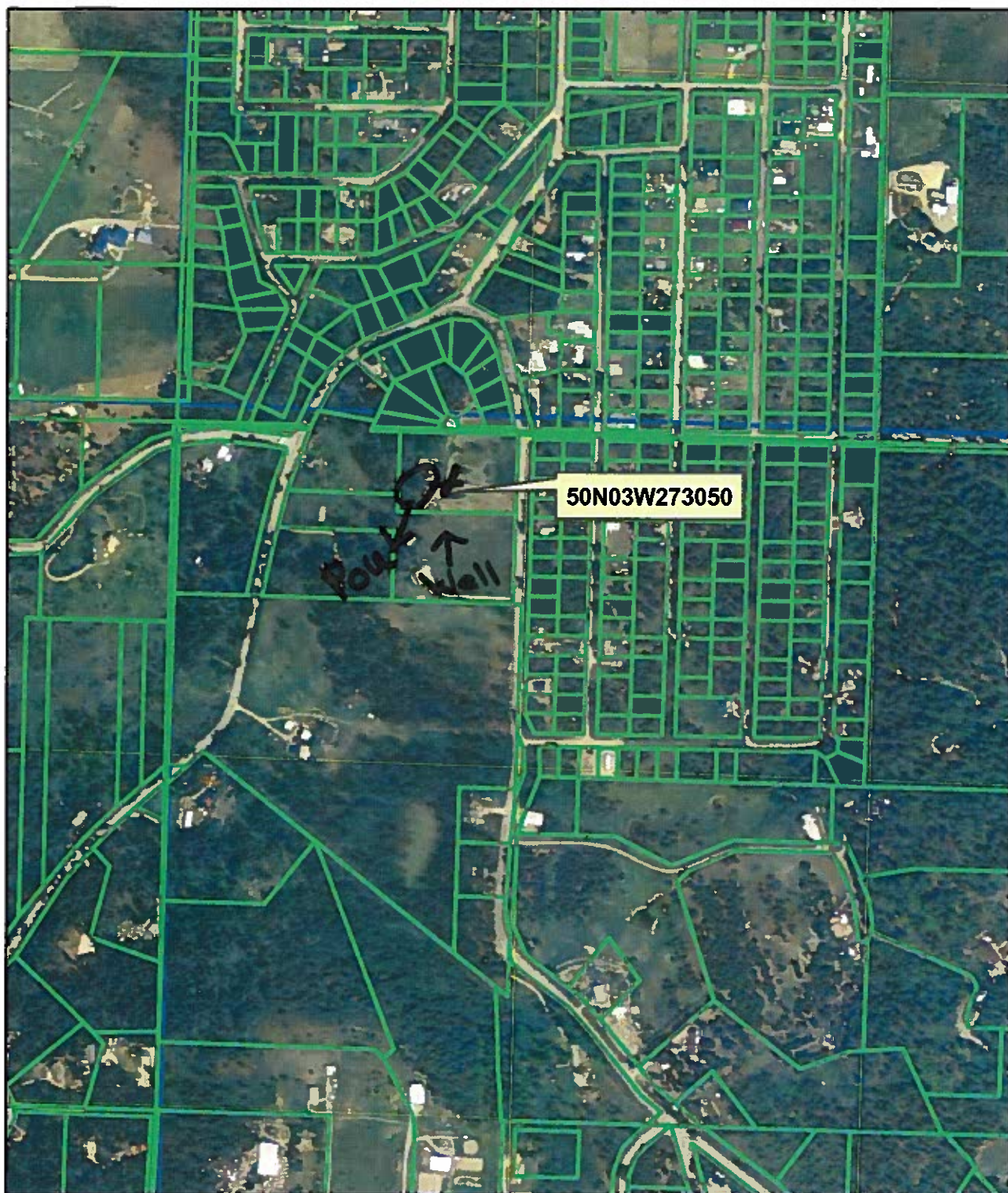
Date _____

Last Name _____ Identification No. _____

SCANNED

JUN - 2 2009

REEL 50N03W273050





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 JASON Reel

Address 6791 Sunnyside Rd CDA ID

Drilling Permit No. 95-93-N-49-000

Water Right Permit No. _____

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.)

3. PROPOSED USE

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

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other PVC

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>168</u> feet
<u>160</u> inches	<u>4</u> inches	<u>10</u> feet	<u>225</u> feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? PVC ONLY ☒ Yes ☐ No Sawcut

How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun

Size of perforation? 1/8 inches by 5 inches

Number	From	To
<u>80</u> perforations	<u>145</u> feet	<u>225</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ 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 168 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding 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 Well Seal

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name AUG 0-9 1993

Lot No. _____ Block No. _____

County Tootenai

Address of Well Site Sunnyside RD
(give at least name of road)

N 50 W or S ☐
NW 1/4 NW 1/4 Sec. 24 R. 3 E ☐

7. WATER LEVEL

Static water level 150 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature Cool °F. Quality Good No Smell
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>50</u>	<u>APR 19 1993</u>	

9. LITHOLOGIC LOG

Bore Diam.	Depth From To	Material	Water Yes No
<u>8</u>	<u>0</u> <u>168</u>	<u>top soil</u>	<u>X</u>
<u>16</u>	<u>168</u> <u>225</u>	<u>Broken Basalt</u>	<u>X</u>
		<u>hard Basalt</u>	<u>X</u>
	<u>45</u> <u>50</u>	<u>yellow clay</u>	<u>X</u>
	<u>50</u> <u>75</u>	<u>Blue & grey clay</u>	<u>X</u>
	<u>75</u> <u>158</u>	<u>stinky brown clay</u>	<u>X</u>
	<u>158</u> <u>162</u>	<u>soft Basalt</u>	<u>X</u>
	<u>162</u> <u>225</u>	<u>hard Basalt</u>	<u>X</u>
		<u>First Water 175' 2 gals per min</u>	
		<u>Second Water 185' 4 gals per min</u>	

10.

Work started 3-24-93 finished 3-27-93

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 AQUA DRILLING & EXPLORATION INC. Firm No. 163
P.O. Box 2850 Hayden Lake, ID 83835

Address _____ Date 3-27-93

Signed by Drilling Supervisor Scott M. Brown
and Wayne Miller
(Operator) (if different than the Drilling Supervisor)

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