

# 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 95-14380Date Received: 05/10/2010Receipt No: N024286 AReceived By: Jim

## 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) PATRICIA BLACK Phone (208) 664-9522Mailing Address 4507 REDDING RD COEUR D'ALENE ID 83815  
Street or Box City State Zip2. Date of Priority: (Only one per claim) 08-29-1983  
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other ( ) (a) NA  
which is tributary to (b) NA4. Location of Point of Diversion is: Township 51N, Range 5W, Section 30,  
NW 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM. County of KOOTENAI;  
Parcel (PIN) no. 51N05W-30-3000Additional points of diversion if any: NAIf 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.

Ddg 17295 WELL DEEPEMED FROM ORIGINAL WELL  
DRILLED IN 1974. (SEE ATTACHMENT) CONNECT TO BUSINESS + HOME  
1983

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 .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 AND BUSINESSUSING 2500 GALLONS OR LESS DAILY

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9. Location of Place of Use is: Township 51N, Range 5W, Section 19,  
SW 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. 51N05W-19-6520 (Business  
for (Check One) Domestic (☒) Stock ( ) Domestic and Stock ( )  
If different than shown in Item 4

Additional places of use, if any 51N05W-19-6370 (Home)

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:

WELL BEING SERVED 5-10-2010 DUE TO WELL  
COLLAPSE AND Pump Replacement.

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) Patricia Black Date: 05-10-10

\_\_\_\_\_  
Date: \_\_\_\_\_

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

\_\_\_\_\_  
Title of \_\_\_\_\_ Organization

that I have signed the foregoing document in the space below as

\_\_\_\_\_  
Title of \_\_\_\_\_ 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. \_\_\_\_\_

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# WELL DRILLER'S REPORT

RECEIVED

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

JUN 25 1974

## 1. WELL OWNER

Name James Voat  
Address RR 1-Box 159 Postville, Ia  
Owner's Permit No. 95-74-N-82

## 7. WATER LEVEL

Static water level 118 feet below land surface  
Flowing? ☐ Yes ☒ No G.P.M. flow \_\_\_\_\_  
Temperature \_\_\_\_\_ F. Quality \_\_\_\_\_  
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>3</u>         | <u>7</u>  | <u>3</u>     |
|                  |           |              |
|                  |           |              |

## 3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test  
☐ Municipal ☐ Industrial ☐ Stock

## 4. METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

## 5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 205 feet  
Casing schedule: ☒ Steel ☐ Concrete  
Thickness Diameter From To  
0.250 inches 6 inches 2 feet 116 feet  
\_\_\_\_\_ inches \_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet  
\_\_\_\_\_ inches \_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet  
\_\_\_\_\_ inches \_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet  
\_\_\_\_\_ inches \_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet

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

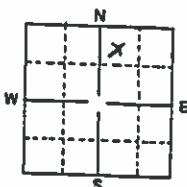
Well screen installed? ☐ Yes ☒ No  
Manufacturer's name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Gravel packed? ☐ Yes ☒ No Size of gravel \_\_\_\_\_  
Placed from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface seal? ☒ Yes ☐ No To what depth 116 feet  
Material used in seal ☐ Cement grout ☒ Puddling clay

## 6. LOCATION OF WELL

Sketch map location must agree with written location.



County Keosauqua  
NW 1/4 Sec. 30 T. 21 N. R. 6 W

## 10.

Work started April 10-74 finished April 11-1974

## 11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

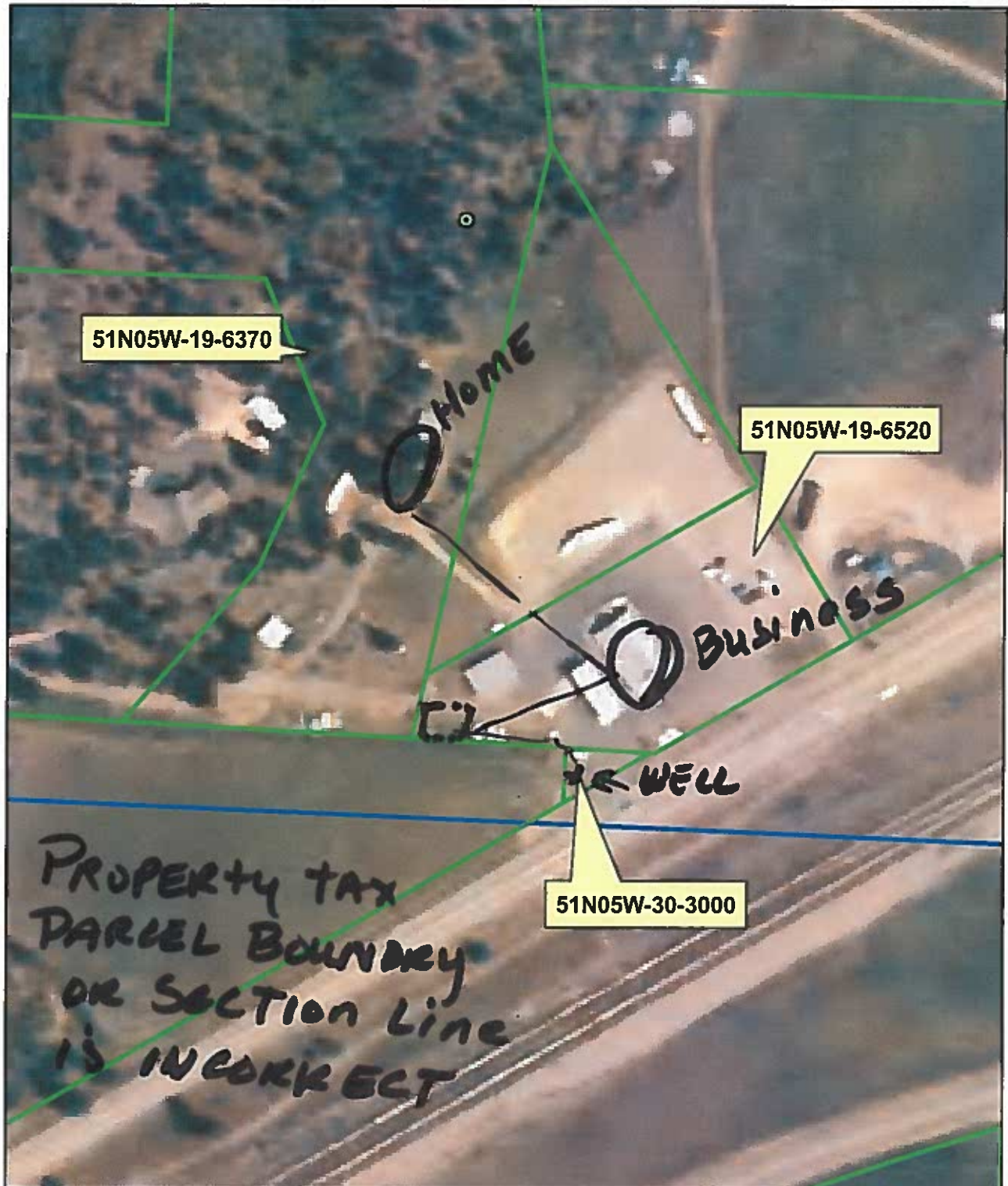
E.H. Helman Drilling Co 105  
Driller's or Firm's Name Number  
Calvin P. Helman  
Address  
John Helman  
Signed By Date April 12-74

## OFFICE USE ONLY

Inspected by TUR  
Twp 51N Rge 5W Sec 30  
VA NUKIA NUKIA

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# BLACK, PATRICIA PIN 51N05W-30-3000



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MAY 11 2010