

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 95-14506

Date Received: 10-26-09

Receipt No: N022585 A

Received By: E.D.

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) John W. Carothers Phone (208) 457-1973

Mailing Address 5830 So. Stateline Rd. Falls Zip 83404
Street or Box City State

2. Date of Priority: (Only one per claim) 10-7-2003
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 50 N, Range 6 W, Section 25,
S.W. 1/4 of S.E. 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 50 N 06 W 25 7200

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

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For Domestic purposes from 1-1 to 12-31 amount 0.04 cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) _____

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9. Location of Place of Use is: Township 60N, Range 6W, Section 25,

S.W. 1/4 of S.E. 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 52110
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? 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: 1

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) John W. Crook Date: 10-26-09

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. _____

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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:	

1. WELL TAG NO. D0028969

Drilling Permit No: 807372
Other IDWR No.

2. OWNER Well Number: 669

Name CAROTHERS, JOHN & FRAN

Address 809 SAN VINCENETE

City SALINAS State CA Zip 98901

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. <u>50N</u> ☒ North or ☐ South	
W		Rge. <u>6W</u> ☐ East or ☒ West	
E		Sec. <u>25</u> <u>1/4 NW 1/4 SE 1/4</u>	
S		Gov't Lot _____ County <u>KOOTENAI</u>	
		Lat: _____ Long: _____	
		Address of Well Site <u>STATE LINE</u>	
		City <u>POST FALLS</u>	

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

Lt. _____ Blk. _____ 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

SEA/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
DRY GRANULE				
BENTONITE	0	20	8 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 211'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Linear	Welded	Threaded
6	+2	211	.250	STEEL	☒	☐	☒	☐
4	-180	500	.160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
-480	500	1/4 X 8	48	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

300 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 400 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5			

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: GOOD

Depth first Water encountered 378

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
8	0	3	Top Soil		☐	☐
8	3	30	Brown Soft Granite		☐	☐
8	30	150	Tan Soft Granite		☐	☐
8	150	175	Brown Soft Granite		☐	☐
8	175	195	Tan Soft Granite		☐	☐
8	195	211	Brown Soft Granite		☐	☐
6	211	250	Tan Med. Granite		☐	☐
6	250	370	Brown & Gray Med. Granite		☐	☐
6	370	378	Gray & White Med. Granite		☒	☐
6	378	400	Brown Med. Granite		☒	☐
6	400	430	White & Gray Granite		☐	☐
6	430	500	Dark Gray & White Granite		☐	☐

RECEIVED
OCT 15 2003
IDWR/North

Completed Depth 500 (Measurable)

Date: Started 10/3/03 Completed 10/7/03

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 10-9-03

and Supervisor or Operator [Signature] Date 10/7/03

(Sign Once if Firm Official and Operator)

(Jim McLeslie) **SCANNED**

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