

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 95-11616Date Received: 6/19/2009Receipt No: N020974Received By: em

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) LEWIS, Alton & Doreen C Phone (208) 683-5069Mailing Address P.O. Box 955 Alton ID Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) 8/20/2000
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 53N, Range 03W, Section 6,
NE 1/4 of SE 1/4, or Govt. Lot — BM. County of Kootenai Cty.;
Parcel (PIN) no. 53N03W067350Additional 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.

D0013666, well drilled for 1 residence 8/20/2000
plumbed 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 .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) 1 home

SCANNED

JUN 19 2009

9. Location of Place of Use is: Township 53N, Range 03W, Section 6,
NE 1/4 of SE 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 N/A

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:

5th trailer was on property when well drilled prior
to construction of home. Well driller's report is inaccurate for
hwy 53, it's hwy 54.

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)

Alton Lewis
Doreen C. Lewis

Date: 6/18/09

Date: 6/19/09

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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JUN 19 2009

RECEIVED

SEP 05 2000
11/97

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

IDWR/North

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

1. WELL TAG NO. D 0013666

DRILLING PERMIT NO. _____

Other IDWR No. 766080



2. OWNER:

Name Al Lewis

Address P.O. Box 955

City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

W N
E S
Twp 53 North ☒ or South ☐
Rge 3 East ☐ or West ☒
Sec 6 NW 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____

Address of Well Site 1-1/4 mi N. of

Hwy 53 on Clagstone

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

Lt. _____ Bk. _____ 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 40 150#	overbore

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"	+2	523	250	Steel	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

462 ft. below ground Artesian pressure _____ lb.

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

53N 3W 6

11. WELL TESTS:

☐ Pump ☐ Bailer

☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
25+			

Water Temp. _____

Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 428

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	12	Cobbles, gravel, sand		X
	12	15	Cobbles		X
	15	37	Gravel		X
	37	48	Cobbles		X
	48	63	Sand, gravel		X
	63	118	Gravel, cobbles		X
	118	135	Cobbles		X
	135	145	Sand		X
	145	190	Gravel		X
	190	215	Cobbles, gravel		X
	215	228	Boulders		X
	228	360	Gravel		X
	360	428	Gravel, sand		X
	428	465	Clay, grey w/sand lenses	X	
	465	485	Clay, gravel		
	485	489	Gravel, silt, grey		
	489	503	Gravel, sand, silt		
	503	523	Gravel, coarse	X	

RECEIVED

OCT 20 2000

Department of Water Resources

Completed _____ Depth 523 (Measurable)
Date: Started 08/17/2000 Completed 08/20/2000

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 McCarty Drilling & Pump Inc. Firm No. 586

Firm Official *[Signature]* Date 8-22-2000

and

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

LEWIS PIN 53N03W-06-7350

