

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 295-11566Date Received: 6/18/2009Receipt No: N020964Received By: LM

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) MARY E. NEE Phone (208) 683-0502Mailing Address P.O. Box 694 ATHOL ID. Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) 10-15-2004
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) NA4. Location of Point of Diversion is: Township 53N, Range 03W, Section 27,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;Parcel (PIN) no. 53N03W270350Additional 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.

D0035503 WELL COMPLETED 2004 PLUMBED
FOR 2 HOMES, PUMP REPLACED APRIL 2009

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC PURPOSES purposes from 01-01 to 12-31 amount .04 cfs
Month/Day Month/Day 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

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9. Location of Place of Use is: Township 53N, Range 03W, Section 27

NW 1/4 of NE 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 NA

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:

Remarks: ADDRESSES ON BOTH WELL LOGS ARE INCORRECT
CORRECT ADDRESS IS: 9041 E. SUNSHINE WAY.

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) James E. Nee Date: 6-18-09

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 forgoing 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 _____ Date _____

Address _____

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. DRILLING PERMIT NO. 8-251-50
Other IDWR No. D0035503

2. OWNER:

Name Peter Nee
Address 8899 E. Son Shine Way
City Athol State ID _____ Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location
N

W	E	S	Gov't lot	County <u>Kootenai</u>	Twp. <u>53</u> North ☒ or South ☐
					Rge. <u>3</u> East ☐ or West ☒
					Sec. <u>27</u> SW 1/4 <u>NE 1/4</u> <u>NE 1/4</u> 10 acres 40 acres 160 acres

Lat: 47: 54: 938 Long: 116: 41: 008
Address of Well Site _____
City Athol

(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

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	350#	drv granular

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	396	250	Steel	☒	☐	☒	☐
4"	360	560	160	PVC	☐	☒	☒	☐
4"	560	580	200	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method perforator & saw cut slot
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
360	380	1/4	360	6"	Steel	☒	☐
560	580	1/8	36	4"	PVC	☐	☒
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

370 ft. below ground Artesian Pressure _____ lb
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
20 gpm			4 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered 420'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water		From	To	Remarks: Lithology, Water Quality & Temp.	Y	N
Bore Dia	10"	0	3	Silt, brown, gravel, fine	☐	☒
		3	14	Gravel, fine, silt	☐	☒
		14	18	Gravel, medium to coarse	☐	☒
	8"	18	28	Gravel, sand, medium	☐	☒
		28	34	Cobbles	☐	☒
		34	46	Gravel, sand, coarse	☐	☒
		46	68	Boulders	☐	☒
		68	102	Gravel, cobbles, coarse	☐	☒
		102	107	Boulder, 5'	☐	☒
		107	293	Gravel, cobbles, medium, sand, fine	☐	☒
		293	306	Boulder, 13'	☐	☒
		306	324	Boulders	☐	☒
		324	360	Sand, silt, gravel	☐	☒
		360	386	Cobbles, sand, gravel, silt	☐	☒
		386	396	Granite, black, white, medium	☐	☒
	5-1/2"	396	418	Granite, white, black, pink	☐	☒
		418	426	Granite, pink, black, 1 gpm	☒	☐
		426	436	Granite, white, black, pink	☐	☒
		436	440	Granite, white, black	☐	☒
		440	444	Granite, white, black, pink	☐	☒
		444	500	Granite, white, black, pink, fractured 6 gpm	☒	☐
		500	536	Granite, white, black, pink	☐	☒
		536	546	Granite, black, white, pink fractured	☒	☐
		546	562	Granite, black, pink, white	☐	☒
		562	580	Granite, black, pink, white fractured	☒	☐

Completed Depth: 580 (Measurable)
Date: Started 10/05/04 Completed 10/15/04

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 McCarthy Drilling & Pump Inc Firm No. 586

Firm Official [Signature] Date 10-21-04

Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

Date: 10/21/2004 Time 10 20 AM

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53N 3W 27

NEE PIN 53N03W-27-0350

