

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 95-11720Date Received: 6-30-09Receipt No: 11021093Received By: cm

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) MARK R AND/OR DEBRA L. McDONALD Phone () 208 683 2610
10 6 481

Mailing Address 2042 E SON SHINE WAY ATHOL ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 10-20-04
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) N/A

4. 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 Id;
Parcel (PIN) no. 53N03W 270650 an 53N03W 270 350

Additional points of diversion if any: N/A

If available, GPS coordinates: N/A

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 10-15-04 for two
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 (X) 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 30 2009

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 ~~03W~~ 53N 03W 270 658

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:

ADDRESSES ON BOTH WELL LOGS ARE INCORRECT.
CORRECT ADDRESS 9041 E SON SHINE WAY, ARHOL ID 83801

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)

Date: 6-18-09

Debra McDonald

Date: 6-18-09

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. _____

SCANNED

JUN 30 2009

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D D0035374
DRILLING PERMIT NO. 824248
Water Right or Injection Well No. _____

2. OWNER:

Name Peter Nee
Address 9061 E Sonshine Way
City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 53 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 27 1/4 N/E 1/4 N/E 1/4
Gov't Lot _____ County KootenaiLat: _____ Long: _____
Address of Well Site 9061 E Sonshine Way(Give at least name of road + Distance to Road or Landmark)
City Athol
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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>100</u>	<u>265X</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 275
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-275</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method None

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>None</u>						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>None</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ ft. below ground Artesian pressure _____ lb.

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

Steel plate
53N 3W 27

Office Use Only			
Well ID No.	_____		
Inspected by	_____		
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____	_____	Long: _____	_____

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>no</u>	<u>water</u>		

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: no water

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>115</u>	<u>Sand gravel + Cobble</u>		
<u>6</u>	<u>115</u>	<u>132</u>	<u>Sand gravel + Cobble</u>		
	<u>132</u>	<u>134</u>	<u>Boulder</u>		
	<u>134</u>	<u>160</u>	<u>Sand + gravel</u>		
	<u>160</u>	<u>163</u>	<u>Boulder</u>		
	<u>163</u>	<u>222</u>	<u>Sand + gravel</u>		
	<u>222</u>	<u>224</u>	<u>Boulder</u>		
	<u>224</u>	<u>246</u>	<u>Sand + gravel</u>		
	<u>246</u>	<u>248</u>	<u>Boulder</u>		
	<u>248</u>	<u>270</u>	<u>Sand + gravel</u>		
	<u>270</u>	<u>275</u>	<u>Boulders</u>		
			<u>Twisted Drill pipe</u>		
			<u>off @ 275'</u>		
			<u>Could not fish out</u>		
			<u>Drill pipe + Bit</u>		
			<u>Left 60' Drill pipe</u>		
			<u>in hole</u>		
			<u>Dry Hole</u>		

RECEIVED

OCT 18 2004

IDWR/North

Completed Depth 215 (Measurable)Date: Started 9-9-04 Completed 9-22-04

14. DRILLER'S CERTIFICATION

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

Company Name Action Drilling Firm No. 618Principal Driller Alvin Carr Date 9-30-04

and Driller or Operator II _____ Date _____

Operator I Alvin Carr Date 9-30-04Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

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

W  E

Twp. 53 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 27 SW 1/4 NE 1/4 NE 1/4
10 acres 40 acres 160 acres

S Gov't lot _____ County Kootenai

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
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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#	dry 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 ☐ Bailer ☒ 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

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temp.	Y	N
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 10-31-04

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

Date: 10/21/2004 Time: 10:20 AM

53N 3W 27

MCDONALD PIN 53N03W-27-0650

