

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 95-11700Date Received: 12/28/19Receipt No: 10231593 N023187Received By: [Signature]

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) SCOTT + CATHLEEN WESTON Phone (208-773-9420)Mailing Address P.O. Box 966 NEWMAN LAKE WA Zip 99025
Street or Box City State2. Date of Priority: (Only one per claim) 12-02-1992
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 52 N, Range 5 W, Section 30,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;Parcel (PIN) no. 7570Additional points of diversion if any: NONE

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.

SUBMERGED PUMP IN 302' WELL CASING

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

For DOMESTIC purposes from JAN 1 to DEC 31 amount 0.02 cfs cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Home

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9. Location of Place of Use is: Township 52N, Range 5W, Section 30

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 _____

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.

SURFACE WATER 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) Scott J. [Signature] Date: 12-28-09

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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Form 238-7
492

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

**USE TYPEWRITER OR
BALLPOINT PEN**

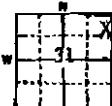
1. WELL OWNER
 Name SCOTT WESTON
 Address N 12550 THREE FORKS RD POST FALLS
 Drilling Permit No. 95-92-N-246
 Water Right Permit No. _____

2. NATURE OF WORK
☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED
☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION
 Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
 Thickness 250 inches 6 inches 1 feet 30 feet
PVC inches 4 inches -6 feet 305 feet
 _____ inches _____ inches _____ feet _____ feet
 Was casing drive shoes used? ☒ Yes ☐ No
 Was a packer or seal used? ☐ Yes ☒ No
 Perforated? ☒ Yes ☐ No
 How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
 Size of perforation? 1/4 inches by 6 inches
120 Number 265 feet 305 feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 Well screen installed? ☐ Yes ☒ No
 Manufacturer _____ Type _____
 Top Packer or Headpipe _____
 Bottom of Tailpipe _____
 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 depth 20 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding clay ☐ _____
 Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
 Method of joining casing: ☐ Threaded ☐ Welded
☐ Solvent Weld ☐ Cemented between struts
 Describe access port _____

6. LOCATION OF WELL
 Sketch map location must agree with written location.

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County ROOTEENAT
 Address of Well Site _____
 (give at least name of road)
 NE 1/4 NW 1/4 Sec. 31 T. 52 N ☒ S ☐
 R. 5 E ☐ W ☒

7. WATER LEVEL
 Static water level 10 feet below land surface.
 Flowing? ☐ Yes ☐ No G.P.M. flow _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by: ☐ Valve ☐ Cap ☐ Plug
 Temperature _____ °F. Quality _____
 Describe origin or temperature zones below _____

8. WELL TEST DATA
☐ Pump ☐ Baller ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
3 1/2 GPM	303'	

9. LITHOLOGIC LOG 104572

Bore Diam.	Depth	Material	Water
	From To		Yes No
10	0 2	TOPSOIL, SAND SILT	X
10	2 20	SAND, BOULDERS	X
6	20 26	SAND, BOULDERS	X
6	26 58	GRANITE, BRN/WHT, DRCOMP.	X
6	58 305	GRANITE, BLK, /WHT MRD, HARD	X

COMMENTS:
 MAIN WATER FRACTURE AT
 279' YIELD OF 2 1/2 GPM

10.
 Work started 12/01/92 finished 12/02/92

11. DRILLER'S CERTIFICATION
 We certify that all minimum well construction standards were complied with at the time the rig was removed.
 Firm Name H2O WELL SVC Firm No. 448
 Address 582 W HAYDEN AVE Date 12/02/92
 Signed by Drilling Supervisor [Signature]
 and
 (Operator) [Signature]
 (If different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

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