

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 95-11753Date Received: 9/22/2009Receipt No: N022238Received By: dm

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) HUGH MAGNUSSEN Phone (208) 772-6090Mailing Address 2524 E. HAYDENVIEW DR. COEUR D'ALENE ID Zip 83815
Street or Box City State2. Date of Priority: (Only one per claim) FEB 25TH 1977
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) NA
which is tributary to (b) NA4. Location of Point of Diversion is: Township 49N, Range 03W, Section 3,
NW 1/4 of NW 1/4, or Govt. Lot 3 BM. County of HOOTENAI;Parcel (PIN) no. 49N03W03-3950Additional 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.

WELL PERMIT No 95-77-N-15 COMPLETED 1977
WELL SYSTEM CONNECTED TO THREE(3) HOMES

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(X) 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

e-FILED

SEP 22 2009

9. Location of Place of Use is: Township 49N, Range 03W, Section 3,
NW 1/4 of NW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. 49N03W03-4000
for (Check One) Domestic (☒) Stock () Domestic and Stock ()
If different than shown in Item 4

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:

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) Hugh Magnusson Date: 9/22/09

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. _____

SCANNED
SEP 22 2009

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

RECEIVED
JUN 31 1977

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.

1. WELL OWNER

Name William Shank
Address E. 6212 Mallon Spokane, WA
Owner's Permit No. 95-77-N-15

7. WATER LEVEL

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

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other

Discharge G.P.M. Draw Down Hours Pumped

3

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>0</u>	<u>33</u>	<u>Gravel and clay</u>	☒	☒
<u>6</u>	<u>33</u>	<u>225</u>	<u>Serpentine</u>	☒	☒

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 225 feet

Casing schedule: ☐ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>259</u> inches	<u>6</u> inches	<u>1</u> feet	<u>34</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☒ Yes ☐ No

How perforated? ☐ Factory ☐ Knife ☒ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
<u>4</u> perforations	<u>32</u> feet	<u>33</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

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 30 Material used in seal ☐ Cement grout

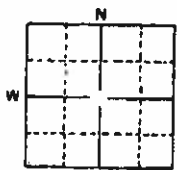
☒ Pudding clay ☒ Well cuttings

Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing

☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai

SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 4 T. 49N N. $\frac{1}{4}$ R. 3W $\frac{1}{4}$ NW

10.

Work started 2-23-77 finished 2-25-77

11. DRILLERS CERTIFICATION

Firm Name ARGA Drilling and Dev. Firm No.

Address Box 1499 CDA, IDA Date 2-26-77

Signed by (Firm Official) Richard E. ...

and
(Operator) Theron Leppis

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

MAGNUSSEN PIN 49N03W-03-3950

