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IDWR / NORTH
**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

ID Number: 95-17325Date Received: 6-7-17Receipt No: 11032686Amount: 25.00 By: LW.

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

Please type or print clearly

1. Name of claimant(s) William Manning &/or Shirlee Grabko Phone 208 664-2291
 Mailing address 5398 E Pine Mountain LN, Coeur d'Alene ID ZIP 83814
Street or Box City State
2. Date of priority (only one (1) per claim) June, 1 2014
Month/Day/Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other () (a) _____
 which is tributary to (b) _____
4. Location of point of diversion is: Township 50N, Range 3W, Section 9,
SE 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of Kootenai
 Parcel (PIN) no. 50N03W094250
 Additional points of diversion, if any: _____
 If available, GPS coordinates 47degrees 41.79 minutes 116 degrees 42.84 minutes from well log
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 & Pump _____

6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)

	Month/Day	Month/Day	cfs (x) AFY ()
For <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed 0.04 cfs (x) or AFY ()
8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 1 household and lawn watering

9. Location of place of use is: Township 50N, Range 3W, Section 9, SE 1/4 of NW 1/4,
or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) _____

For (check one) Domestic (x) 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 (x) No ()

If your 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 (x)

13. Remarks:

14. Basis of claim (check one) Beneficial Use (x) 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 (x) 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) _____

Date: 6/2/2017

Date: June 2, 2017

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 _____ Date _____

Address _____

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Manning – Grabko Adjudication Claim



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0061857

Drilling Permit No. 871104

Water right or injection well # _____

2. OWNER

Name Bill Manning-Shirlee Grabko

Address 195 Helms Ferry Road

City Sharps Chapel State TN Zip 37866

3. WELL LOCATION:

Twp. 50 North ☒ or South ☐ Rge. 03 East ☐ or West ☒

Sec. 09 1/4 SE 1/4 NW 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Kootenai

Lat. 47° 41.790 (Deg. and Decimal minutes)

Long. 116° 42.840 (Deg. and Decimal minutes)

Address of Well Site Mountain Pine Lane-French Gulch

City Coeur d'Alene

Lot _____ Blk _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
Bentonite	0	40	1150lbs	Dry Pour
Granular				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6	2	40	.250	Steel	☒	☐	☐	☒
4	20	460	40	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
420	460	3/8 md	120	4	PVC	40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 160 Static water level (ft) 130

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port 3/4 Plug

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
N/A	18	2hrs

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water Quality test or comments: Clear, cold, no smell

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	2	Top soil		x
10	2	8	Shale brown/tan soft broken		x
10	8	38	Shale brown/tan med		x
10	38	40	Shale blue/grey med		x
6	40	145	Shale blue/grey with intermittent brown/tan seams		x
6	145	384	Shale blue/grey firm	x	
6	384	460	Shale blue/green firm	x	
			2 gpm @ 160		
			5 gpm @ 285		
			6 gpm @ 375		
			5 gpm @ 430		

UNITED CROWN
PUMP & DRILLING
3125 W Hayden Ave. Hayden ID 83835
Office (800) 682-4641 (208) 773-7867

Completed Depth (Measurable) 460

Date: Started 02/10/2014 Completed 02/13/2014

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 United Crown Pump & Drilling Co. No. 636

*Principal Driller Jason C Beckham Date 02/14/2014

*Driller _____ Date 02/14/2014

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.