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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: 95-17326

Date Received: 6/9/2017

Receipt No: N032703

Claim Fee: 25.00

Received 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

1. Name of Claimant(s)

KEITH STANLEY WOOD
1003 HUMMINGBIRD LN
BLANCHARD ID 83804

Phone: (208) 304-3113

2. Date of Priority: 6/1/1991

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	05W	23	NE NW		~~KOOTENAI~~ Bonner	

5. Description of diverting works:

WELL, PUMP AND PIPELINE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		
STOCKWATER	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

HOME AND LAWN

9. Place of use:

DOMESTIC within ~~KOOTENAI~~ ^{Bonner} County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	23	NE		NW		

STOCKWATER within ~~KOOTENAI~~ ^{Bonner} County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	23	NE		NW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks and Priority Date Explanation:

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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): [Signature] Date: June 7, 2017

_____ Date: _____



USE EITHER OR
BALLPOINT PEN

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WELL DRILLER'S REPORT

The monthly report filled with the Director, Department of Water Resources
within 10 days after the completion or abandonment of the study.

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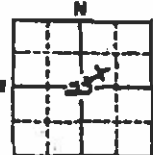
1. WELL IDENTIFICATION OCT 15 1991
 Name Raymond J. Lugo
 Address Department of Water Resources
 Drilling Permit No. 96-91-N-152
 Water Right Permit No. _____

2. NATURE OF WORK
☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increased
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

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

4. METHOD DRILLED
☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☒ Cable ☐ Aug ☐ Other _____

5. WELL CONSTRUCTION
 Casing schedule: ☒ Steel ☐ Concrete ☐ Other
 Thickness 1/4 inches 6 inches + 1 feet 173 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 ☐ Gun
 Size of perforation _____ inches by _____ inches
 Number _____ From _____ To _____
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 Wall screen installed? ☒ Yes ☐ No
 Manufacturer's name Johnson
 Type Plascore Model No. _____
 Diameter 6 Slot size 30 Set from 173 feet to 180 feet
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
 Placed from _____ feet to _____ feet
 Surface seal depth 18 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
☐ Cemented between stress Weld
 Describe screen port _____

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

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County Banner
 SW x NE x Sec. 23, T. 54 N. R. 5 E. W. 4

7. WATER LEVEL
 Static water level 170 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 artesian or temperature zones below.

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

Discharge G.P.M.	Pumping Level	Height Pumped
<u>10</u>	<u>175</u>	<u>1</u>

9. LITHOLOGIC LOG

Bore Class	Depth		Material	Water Yes/No
	From	To		
<u>2</u>	<u>0</u>	<u>3</u>	<u>Sandy Soil</u>	
<u>3</u>	<u>25</u>	<u>35</u>	<u>Sand & Gravel</u>	
<u>35</u>	<u>35</u>	<u>70</u>	<u>Sand</u>	
<u>70</u>	<u>70</u>	<u>105</u>	<u>Hard Sand</u>	
<u>105</u>	<u>105</u>	<u>130</u>	<u>Sand - Fine</u>	
<u>130</u>	<u>130</u>	<u>180</u>	<u>Sand</u>	

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 D-W-R

11. DRILLER'S CERTIFICATION de
 I/We certify that all minimum well construction standards were complied with at the time this log was removed.
 Firm Name Carl P. H. & Son Firm No. 168
 Address 2020 Highway 100, 9-29-91
 Signed by (Firm Official) Carl P. H.
 and
 (Operator) Carl P. H.

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