

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 95-11972
Date Received: 7-8-09
Receipt No: N021185
Received 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

RECEIVED
JUL -8 2009
IDWR/North

1. Name of Claimant(s) Toni Marie Hetherington Phone (208) 818-2709

Mailing Address PO Box 834 Arthol ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) June TMH
2003
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 53 N, Range 4 W, Section 13,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 566 TMH 53N4W-13-5600

Additional points of diversion if any: NA

If 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, a pump & water line tag# D0005531-200

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

For Domestic purposes from 1-1 to 12-31 amount 0.04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 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) Domestic TMH 13 households TMH on system

9. Location of Place of Use is: Township 53 North, Range 4 West, Section 13,
SW 1/4 of NW 1/4 ^{of NW 1/4} Govt. Lot _____ BM. Parcel (PIN) no. 4000 53N04W-13
for (Check One) Domestic (X) Stock () Domestic and Stock () If different than shown in Item 4 4000

Additional places of use, if any 0

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 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 (X)

13. Remarks:

We draw water from the neighbors well and
there are 2 other households that also draw from it

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) Toni M Hetherington Date: 7/8/09

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 _____

SCANNED

JUL - 8 2009

95-11972

HETHERINGTON PIN 53N04W-13-4000



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. WELL TAG NO. D 0005531-200
 DRILLING PERMIT NO. 96-98 N-252-200
 Other IDWR No. _____

2. OWNER:

2. OWNER. Dan Boer
Name _____
Address _____ P.O. Box 1147
City _____ Spirit Lake State ID Zip 83569

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

POSTED

N

W

X

E

S

Twp. 53 North ☒ or South ☐

Rge. 4 East ☐ or West ☒

Sec. 13 NW 1/4 SW 1/4 SE 1/4

Gov't Lot 10 acres County Kootenai 160 acres

Lal: _____ Long: _____

Address of Well Site 3/4 mi south of

Hwy. 54 @ 4 mi post City _____

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. _____ Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☐ New Well ☐ Modify ☐ Abandonment ☒ Other Replacement

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	25	200#	overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	506	250	Steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations	Method
Screens	Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

462' ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer

Yield gal./min.	Drawdown	Pumping Level	Time
20+			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments:

Depth first Water Encounter ~~Water~~

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

13. DRILLER'S CERTIFICATION

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

Company Name **McCarty Drilling & Pump** File No. **586**

Firm Official Burt M. [Signature] Date 12-2-78
and

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

53N 4W 13

FORWARD WHITE COPY TO WATER RESOURCES