

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 95-12116Date Received: 7/14/9Receipt No: 1021309Received By: Ken

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) Jeff & Bonnie Spencer Phone (208) 683 0690
E 8306 Quarter Mile
 Mailing Address P.O. Box 768 Arbon Id Zip 83401
 Street or Box City State

2. Date of Priority: (Only one per claim) 2/17/2000
 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 3 W, Section 23
SW 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
 Parcel (PIN) no. -3700

Additional points of diversion if any: _____

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.

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

For domestic household purposes from 1/1 to 12/31 amount 0.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs () or AFY ()

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

Stockwater and Number of livestock) 1

SCANNED
JUL 15 2009

9. Location of Place of Use is: Township 53 N, Range 3 W, Section 23

SW 1/4 of NW 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.

_____ 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) Bonnie May Spencer

Date: 7/14/09

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. 95-12116

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JUL 15 2009

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT
RECEIVED

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long
:	:	:	:

1. WELL TAG NO. D13050

Drilling Permit No: 763297

Other IDWR No.

2. OWNER Basin 76

Well Number:

Name Meredith, Bonnie

994

Address E 8220 Quarter Mile

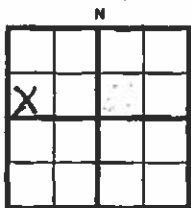
City Athol

State ID

Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 53 ☒ North or ☐ SouthRge. 03 ☐ East or ☒ West

Sec. 23 1/4 SW 1/4 NW 1/4

Gov't Lot County KOOTENAI

Lat: : : Long: : :

Address of Well Site 1/4 Mi Rd

City Athol

(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 (Replacement, etc.)

- ☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

- ☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Casing Seal	0	18	11 Sacks	Pour Granular

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) 0Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-222	642	160	PVC	☐	☒	☐	☐
6	+2	242	250	Steel	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

- ☒ Perforations Method Skill Saw

- ☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
602	642	1/8 x 4	100	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

285 ft. below ground Artesian pressure 0 lb.

Depth flow encountered 0 ft. Describe access port or control devices:

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15+			1 HR

Water Temp. Cold Bottom Hole Temp

Water Quality test or comments: Clear

Depth first Water encountered 450

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	2	Topsoil	☐	☒
10	2	18	Sand & Gravels	☐	☒
8	18	192	Sand & Gravels	☐	☒
8	192	197	Boulder	☐	☒
8	197	206	Sand, Gravel, Boulders	☐	☒
8	206	235	Sand & Gravels	☐	☒
8	235	242	Granite Wht w/Blk	☐	☒
5 1/2	242	287	Granite Wht/Blk & Yellowish	☐	☒
5 1/2	287	341	Granite Wht/Blk	☐	☒
5 1/2	341	390	Granite Wht/Blk & Yellowish	☐	☒
5 1/2	390	467	Granite Wht/Blk - 1 Gallon	☒	☐
5 1/2	467	474	Granite Black	☐	☒
5 1/2	474	489	Granite Black w/White	☐	☒
5 1/2	489	637	Granite Black w/White	☐	☒
5 1/2	637	642	Granite Black/White/Green	☒	☐

Completed Depth 642' (Measurable)

Date: Started 2-14-00 Completed 2-17-00

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official Date

and

Supervisor or Operator Date 2-23-00

(Sign Once if Firm Official and Operator)

53N 3W 23