

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 95-12391Date Received: 7/16/9Receipt No: NO. 21370Received 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) JAMES J STAM Phone 208 683-5057

Mailing Address 24805 N. CEDAR MTRD ATHOL ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 10-16-1995
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 03 W, Section 34,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. -7900

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 purposes from 1-1 to 12-31 amount .04
Month/Day Month/Day cfs () or AFY ()

For STOCKWATER purposes from 1-1 to 12-31 amount .02

7. Total Quantity claimed .06 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 HOME 5 STOCK

SCANNED

JUL 16 2009

9. Location of Place of Use is: Township 53 N, Range 03 W, Section 34,

SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) Domestic () Stock () Domestic and Stock (X) If different than shown in Item 4

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? HOOTENAI

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:

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: 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) [Signature] Date: 07-16-2009

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. 95-12391

SCANNED

JUL 16 2009

RECEIVED

Form 2307
3/85
Starships Consulting and
Management Services
10-1-95



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only	
Inspected by <u>TDR</u>	
Twp. <u>53N</u> Rge. <u>3W</u> Sec. <u>34</u>	
<u>1/4 SW 1/4 NE 1/4</u>	
Lat: : : Long: : :	

1. DRILLING PERMIT NO. 96-95-N-322

Other IDWR No. _____

2. OWNER

Name HALLS, EUNICE

Address N 24805 CEDAR MTN. RD.

City ATHOL State ID Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

w	N	E	S	Twp. <u>53</u>	☒ North or ☐ South
				Rge. <u>03</u>	☐ East or ☒ West
				Sec. <u>34</u>	<u>1/4 SE 1/4 NE 1/4</u>

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site SAME AS ABOVE

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 (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		
BENTONITE	0	80	4 SACKS	WDER/2 CRUM

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 272

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	260	420	160	PVC	☐	☒	☐	☐
6	+2	272	250	STEEL	☒	☐	☒	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SAWCUT

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
380	420	1/16	60	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

280 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12			1.5 HR

Water Temp. COLD Bottom Hole Temp _____

Water Quality test or comments: CLEAN

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

					Water	
Bore Depth	From	To	Remarks: Lithology, Water Quality, Temperature		Y	N
8	0	2	TOPSOIL, BROWN SOFT	☐	☒	
8	2	20	COBBLES	☐	☒	
8	20	60	GRAVELS, LARGE, MEDIU	☐	☒	
8	60	73	COURSE SANDS, TAN	☐	☒	
8	73	90	FINE SANDS, TAN	☐	☒	
8	90	140	SILTY SANDS, BROWN	☐	☒	
8	140	200	GRAVELS, W/CLAYS TANI	☐	☒	
8	200	272	DECOMPOSED GRANITE	☐	☒	
6	272	300	GRANITE, BLACK, MEDIU	☐	☒	
6	300	380	GRANITE, BLACK WHITE	☐	☒	
6	380	400	GRANITE, BLACK WHITE	☐	☒	
6	400	402	GRANITE, BLACK FRACT	☒	☐	
6	402	420	GRANITE, BLACK WHITE	☐	☒	
	0	0		☐	☐	

Completed Depth 420' (Measurable)

Date: Started 10/04/95 Completed 10/05/95

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 John Whiting Date 10-16-95

and

Supervisor or Operator John Doe Date _____

(Sign Once if Firm Official and Operator)

SE NE 34 53N 3W