

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 95-13159Date Received: 01/13/2010Receipt No: N023352Received By: Am

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) STEVE E. CLAIRE L. HATFIELD Phone 208 773-6086Mailing Address 17344 W. JULIA DRIVE HAUSER TD Zip 83856
Street or Box City State2. Date of Priority: (Only one per claim) X 08/14/1985 11/7/1985
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 51N, Range 5W, Section 18,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;Parcel (PIN) no. X00000181900

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.

WELL & PUMP

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

For DOMESTIC purposes from JAN 1 to DEC 31 amount .04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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 HOUSE HOLD

SCANNED

JAN 13 2010

9. Location of Place of Use is: Township SIN, Range SW, Section 18,

SE 1/4 of NE 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 COUNTY

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: PRIORITY DATE BASED ON SITE DATA SHEET (SEE ATTACHED)

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: 5

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: 9/13/2010

_____ 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. _____

SCANNED
JAN 13 2010

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Alan Love

Address E 6720 Hansen Lake Rd.
Post Falls, ID.

Owner's Permit No. 95-85-N-11

2. NATURE OF WORK

☒ New well
☐ Deepened
☐ Replacement
☐ 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
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary
☒ Air
☐ Hydraulic
☐ Reverse rotary
☐ Cable
☐ Dug
☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6.</u> inches	<u>1</u> feet	<u>60</u> feet
<u>1.00</u> inches	<u>4</u> inches	<u>45</u> feet	<u>225</u> feet
<u>1.00</u> inches	<u>4</u> inches	<u>45</u> feet	<u>225</u> feet

Was casing drive shoe used? ☒ Yes ☒ No
Was a packer or seal used? ☒ Yes ☐ No
Perforated? ☒ Yes ☐ No Drill
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation 1/4 inches by 1/4 inches
300 Number 100 From 200 To
perforations feet feet
perforations feet feet
perforations feet feet

Well screen installed? ☐ Yes ☐ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 20 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 Weld
☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

Subdivision Name _____

Lot No. _____ Block No. _____

County POOTENAI
S 1/4 N 1/4 Sec. 18 T. 51 N. R. 5 E. W.

7. WATER LEVEL

Static water level 100 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 good
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>15 G.P.M.</u>	<u>220</u>	<u>1 hr.</u>

9. LITHOLOGIC LOG

Bore Diam.	Depth	Material	Water	
	From	To	Yes No	
<u>8</u>	<u>0</u>	<u>2</u>	<u>Drain Pipe</u>	☒
<u>6</u>	<u>20</u>	<u>60</u>	<u>Decomposed granite</u>	☒
<u>6</u>	<u>60</u>	<u>100</u>	<u>med. granite</u>	☒
<u>6</u>	<u>100</u>	<u>225</u>	<u>Black & white gran.</u>	☒

RECEIVED

AUG 14 1985

Department of Water Resources

Bozeman District Office

MICROFILMED

10. Work started 7/27/85 finished 7/28/85

11. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc. Firm No. 414
Address P.O. Box 2499, Post Falls, ID. Date 7/29/85
Signed by (Firm Official) [Signature]
and
(Operator) Tom R. Volney

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

FOR
MARK TADY'S
RECORDS

Sheet1

WELL TEST DATA SHEET

DURATION OF 2 HRS.

CUSTOMER NAME: Mary Cain							
ADDRESS: Box 1951 Hayden 83835							
WELL LOCATION: 17344 W Julia Dr.							
COUNTY: Kootenai		RECOVERY TIME:					
DATE: 6/10/04		PUMP ON: 10:00		PUMP OFF: 12:00			
INITIALS		START TIME	SWL	PWL	DRAWDOWN	/GPM	SPEC CAP
15764	10:00	48					clear
15973	10:01	58			10	19	
15985	10:02	67			9	12	
15997	10:03	76			9	12	
16010	10:04	83			7	13	
16022	10:05	90			7	12	
16090	10:10	132			42	13.6	
16143	10:15	167			35	10.6	
16175	10:20	190			23	6.4	
16178	10:25	190			0	.6	
16183	10:30	190			0	1	
16191	10:40	190			0	.8	
16197	10:50	190			0	.6	
16204	11:00	190			0	.7	
16214	11:15	190			0	.67	
16224	11:30	190			0	.67	
16234	11:45	190			0	.67	
16244	12:00	190			0	.67	

TEST PERFORMED BY:

Average Pumping Rate: .67GPM @ 190 ft. SWL

McCarty Drilling & Pump Inc.

10035 N. Memory Lane, Rathdrum Idaho 83858

Phone (208) 687-9170 FAX (208) 687-4385 TOLL FREE 888-513-8000

HATFIELD PIN X-0000-018-1900

