

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 95-13292Date Received: 8/13/09Receipt No: N021746Received By: KLM

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) HARLAND D. RAMSEY
DIANNE D. RAMSEY Phone (208) 777-2433

Mailing Address 3325 W. POULINE AVE POST FALLS ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 10/29/08
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 51N, Range 05W, Section 29,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;

Parcel (PIN) no. 030002918 AB

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.

1 HP PUMP, 1 INCH DROP PIPE, 203 FT. DEEP, 1 PRESSURE TANK WX-252: CHANGED
CHANGED MARCH 2, 2006, 3 HP PUMP, 1 1/4 INCH DROP PIPE, ONE ADDITIONAL WX-252 TANK

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
Month/Day Month/Day cfs(X) or AFY()

For STOCK WATER purposes from 1/1 to 12/31 amount 0.02

7. Total Quantity claimed 0.06 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) 1 HOUSEHOLD, 3/4 ACRE LAWN AND TREES,

2 HORSES, 2 GOATS

SCANNED

AUG 13 2009

9. Location of Place of Use is: Township 51 N, Range 03 W, Section 29,
SE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4

for (Check One) Domestic () Stock () Domestic and Stock (X)

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 (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 ~~not~~ HR 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) Harens D. Ramsey Date: 8-13-09
Nianne W. Ramsey Date: 8-13-09

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED

AUG 13 2009

WELL DRILLER'S REPORT

77878

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

EDMB/North

801

sketch map location must agree with written location

	X		

City POST FALLS

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

Lt. Blk. Sub. Name

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	2/4	SLURRY/CRUMBS

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

[illegible]

Length of Headpipe _____ Length of Tailpipe _____

Screens	Screen Type
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<u>From</u>	<u>To</u>	<u>Sect Size</u>	<u>Number</u>	<u>Diameter</u>	<u>Material</u>	Casing	Linear

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

Yield gal./min.	Drawdown	Pumping Level	Time
20+			1 HR

Depth first Water encountered 203'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

[illegible]

(Sign Once if Firm Official and Operator)

(Todd Morgan)

51N 5W 29