

# 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 95-13311Date Received: 2-26-10Receipt No: 1023632Received By: cm

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FEB 26 2010

## 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 Gunderman IDWR/Nr1. Name of Claimant(s) Shirley McFadden and John M. Gunderman Phone (208) 683-1865Mailing Address 25739 N. Good Hope Rd Arhol ID Zip 83801  
Street or Box City State2. Date of Priority: (Only one per claim) 10/25/2006  
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other ( ) (a) NA  
which is tributary to (b) NA4. Location of Point of Diversion is: Township 53N, Range 02W, Section 30,  
SE 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Kootenai;Parcel (PIN) no. 0-2875-00A-002-AAdditional points of diversion if any: NAIf 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.

D0017029 well completed 2001 connected to and placed into service for stockwater connected to home under construction beginning in 2004

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

For Domestic purposes from 01-01 to 12-31 amount 0.04 cfs ( ) or AFY ( )For Stock water purposes from 01-01 to 12-31 amount 0.027. Total Quantity claimed 0.06 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 10 head mixed stock

SCANNED

FEB 26 2010

9. Location of Place of Use is: Township 53N, Range 02W, Section 30

SE 1/4 of SE 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. \_\_\_\_\_

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

Additional places of use, if any NA

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: 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) Shirley Mc Ladda Date: 2/25/2010

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 \_\_\_\_\_

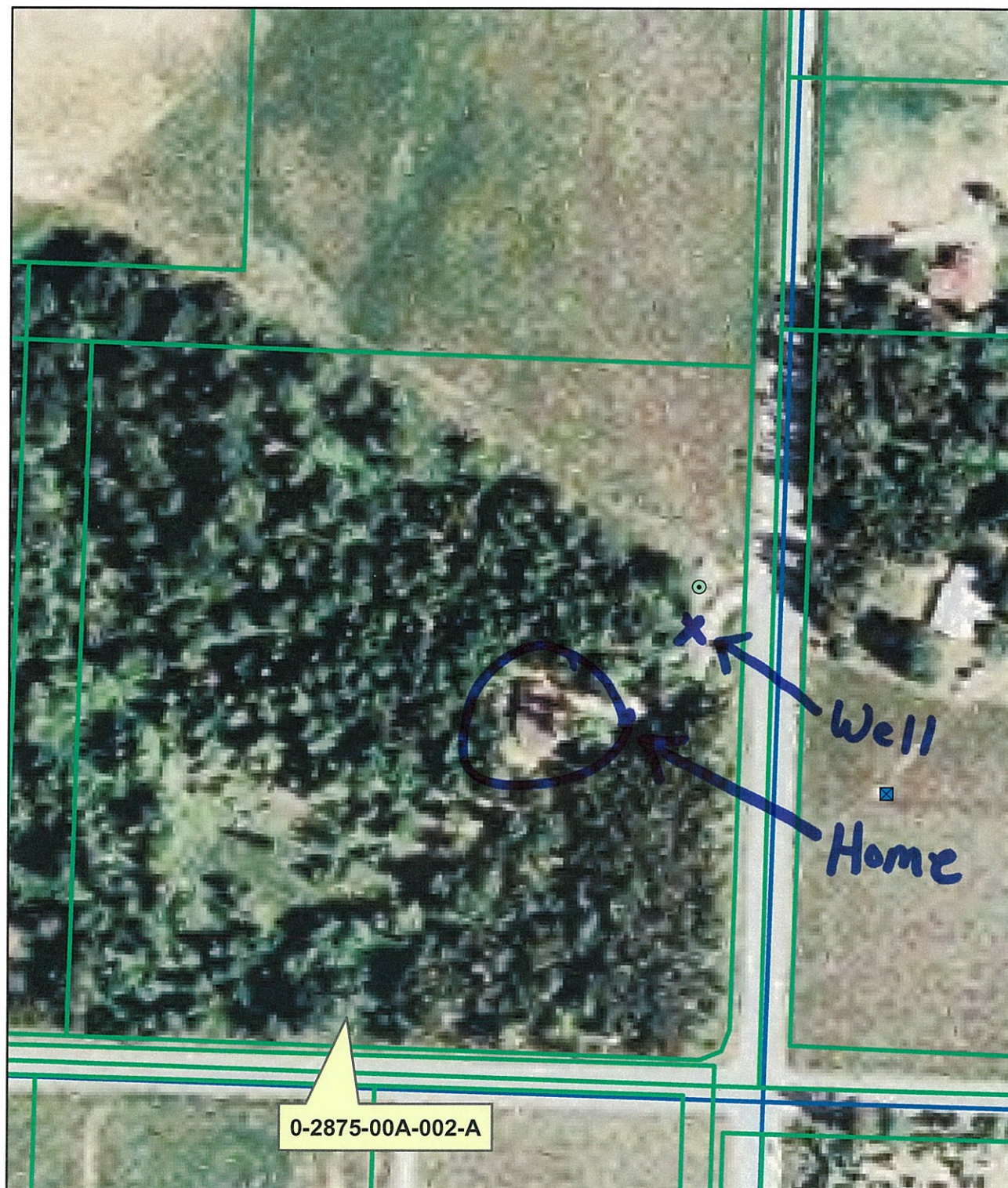
Address \_\_\_\_\_

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

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FEB 26 2010

# McFADDAN PIN 0-2875-00A-002-A



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Form 238-7  
11/97

MAR 01 2001

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

IDWR/North

1. WELL TAG NO. D 0017029

DRILLING PERMIT NO.

Other IDWR No.

767935

2. OWNER:

Name

Shirley McFadden

Address

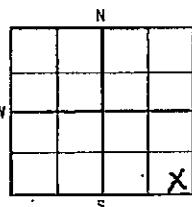
511 W. Linden Ave.

City

Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 53

North

or

South

Rge. 2

East

or

West

Sec. 30

1/4

SE

1/4 SE 1/4

Gov't Lot

County

Kootenai

Lat:

Long:

Address of Well Site corner of Good Hope

and Nunn Roads

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 |               |        |
| Bentonite        | 0    | 19 | 10 bags         | overbore, dry |        |

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) 74'

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

8. CASING/LINER:

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                               | Welded                   | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 6"       | +2   | 74' | 250   | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4"       | 55   | 295 | 160   | PVC      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe

Length of Tailpipe

9. PERFORATIONS/SCREENS

Perforations

Method

saw cut 1/8" x 5"

Screens

Screen Type

| From | To  | Slot Size | Number | Diameter | Material |
|------|-----|-----------|--------|----------|----------|
| 295  | 275 |           | 60     |          | PVC      |

Casing

Liner

☐

☒

☐

☐

☐

☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

35 ft. below ground

Artesian pressure lb.

Depth flow encountered

ft. Describe access port or

control devices:

53N

2W

30

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only

Inspected by

Twp

Rge

Sec

1/4

1/4

1/4

Lat:

Long:

☒ Air

☐ Flowing Artesian

11. WELL TESTS:

☐ Pump

☐ Bailor

☒ Air

☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| 100 gpm         |          |               |      |

Water Temp.

Bottom hole temp.

Water Quality test or comments:

Depth first Water Encounter 68'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

| Bore Dia. | From | To  | Remarks: Lithology, Water Quality & Temperature | Y | N |
|-----------|------|-----|-------------------------------------------------|---|---|
| 10        | 0    | 11  | Sand, w/fine silt                               |   | x |
|           | 11   | 15  | Sand, clay, tan                                 |   | x |
|           | 15   | 19  | Sand, clay, yellow                              |   | x |
| 8         | 19   | 34  | Sand, silt, tan                                 |   | x |
|           | 34   | 68  | Clay, sand, tan                                 |   | x |
|           | 68   | 69  | Sand, white 3/4 gpm                             | x |   |
|           | 69   | 72  | Sand, clay, tan                                 |   | x |
|           | 72   | 74  | Decomposed granite, tan                         |   | x |
| 6         | 74   | 89  | Granite, tan                                    |   | x |
|           | 89   | 98  | Granite, black & white                          |   | x |
|           | 98   | 126 | Granite, rose, black/white                      | x | x |
|           | 126  | 147 | Granite, green, blk/wht                         |   | x |
|           | 147  | 155 | Granite, black                                  |   | x |
|           | 155  | 185 | Granite, green, blk/white                       |   | x |
|           | 185  | 212 | Granite, black & white                          |   | x |
|           | 212  | 229 | Granite, rose, blk/wht                          |   | x |
|           | 229  | 260 | Granite, green, soft                            |   | x |
|           | 260  | 286 | Granite, grey, blk/wht                          |   | x |
|           | 286  | 291 | Granite, green, hard, fract.                    |   | x |
|           | 291  | 295 | Decomposed granite, soft                        | x |   |
|           |      |     | and caving 100 gpm                              |   |   |

NOTE: Cap on bottom of PVC liner.

Completed Depth 293' (Measurable)

Date: Started 02-10-01

Completed 02-20-01

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 Inc. Firm No. 586

Firm Official

Date 2-20-01

and

Driller or Operator

Date

(Sign once if Firm Official & Operator)

**Certificate of Occupancy**  
**Department of Building Inspection**  
**Kootenai County**

This Certificate is issued pursuant to the requirements of the Kootenai County Building Code Ordinance and the current Uniform Building Code, certifying that, at the time of issuance, this structure was in compliance with the various Ordinances of Kootenai County regulating building construction or use for the following:

Building Permit No. 36010

Occ. Group: R 3

Occ Load: 11

Use Classification: SINGLE FAMILY RESIDENCE

Construction Type: VB

Owner of Building: SHIRLEY A. MC EADDAN

Building Address: 25739 N. GOOD HOPE ROAD, ATHOL, ID. 83801

Authorized Signature:

Date: October 25, 2006

By issuing any permit or certificate, or by conducting any compliance inspection, Kootenai County makes no warranty, implied or otherwise, that any inspected building is constructed wholly in compliance with adopted codes or that it is safe or fit for any particular purpose. Kootenai County expressly disclaims any liability for construction defects in buildings it is called upon to inspect in the course of carrying out its government duties. Owner desiring protection from construction defects should hire their own inspectors who can be present while construction is in progress.