

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 95-13376Date Received: 1/14/10Receipt No: MD23378AReceived By: 7e

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) Lawen R Reynolds Phone (208) 773-5863Mailing Address 2654 S. Millsap Drive Post Falls Id Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) Aug 16 2005
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 50 N, Range 5 W, Section 19,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 5000

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 and 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 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 Horse

SCANNED
JAN 14 2010

9. Location of Place of Use is: Township SON, Range SW, Section 19

NE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. → 5000

for (Check One) Domestic (☒) Stock () Domestic and Stock () 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? 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) Steven R. Byrnes Date: 1/14/10

_____ 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 14 2010

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

OfficeUseOnly			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____		Long: _____	

1. WELL TAG NO. D 0040635

DRILLING PERMIT NO. 835266

Other IDWR No. _____

2. OWNER:

Name Lowen Reynolds

Address South 2654 Milsap Loop Road

City Post Falls

State ID Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. 50		North ☒ or South ☐	
W		Rge. 05		East ☐ or West ☒	
E		Sec. 19		NE 1/4 SW 1/4 1/4	
S		Gov't Lot _____		County Kootenai	
		Lat: _____		Long: _____	
		Address of Well Site South 2654 Milsap Loop			
		City Post Falls			

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

Lt. _____ Bldg. _____ 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	37.5'	16 sacks		pour

Was drive shoe used ☒ ☐ N Shoe Depth(s) 37.5'

Was drive shoe seal tested? ☐ ☒ N How? AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1.5'	37.5'	.250	steel	☒	☐	☒	☐
4"	-5'	300'	class 200	pvc	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method skillsaw 1/4"X12"/60

Screens

Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
220'	295'		75	8X1/4"	IRVU	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50' ft. below ground Artesian pressure _____ lb.

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

50N 50W 19

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6		295'	

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 133'

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	y	N
10"	0	10	Topsoil		☒
10"	10	35	granite, brown, decomposed		☒
6"	35	50	granite, tan, firm		☒
6"	50	55	Granite, grey, med.		☒
6"	55	130	granite, brown, fractured		☒
6"	130	133	Granite, grey, med.		☒
6"	133	140	granite, grey, fractured with 3 gpm	☒	☒
6"	140	164	granite, salt and pepper, medium		☒
6"	164	190	granite, salt and pepper, fractured		☒
6"	190	203	granite, black with purple fractured		☒
6"	203	210	granite, salt and pepper, fractured		☒
6"	210	228	granite, salt and pepper, medium		☒
6"	228	231	granite, salt and pepper fractured w/water 3 gpm	☒	☒
6"	231	235	granite, salt and pepper, medium		☒
6"	235	264	granite, salt and pepper, fractured		☒
6"	264	295	granite, white, fractured		☒
6"	295	300	granite, black with burnt mica		☒

RECEIVED
DEC 28 2005
IDWR/North

RECEIVED
SEP 27 2005
IDWR/North

RECEIVED
SEP 09 2005
IDWR/North

RECEIVED
NOV 21 2005
IDWR/North

Completed Depth 300' (Measurable)
Date: Started 8/15/2005 Completed 8/16/2005

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 Vermillion Well Drilling, Inc. Firm No. 467

Firm Official Keith D. Vermillion Date 8/31/2005

and

Driller or Operator Keith D. Vermillion Date 8/31/05

(Sign once if Firm Official & Operator)