

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 95-13403Date Received: 01/15/2010Receipt No: 2023407Received 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) Robert and Margaret Lyons Phone (208) 777-9474

Mailing Address 4728 Millsap Loop Post Falls ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 1/7/1999
Month/Day/Year (YYYY)

well drillers report
D-10263

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 6 W, Section 13,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 8250 50N06W-13-8250
CZ

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 with pump through piping into a
pressure tank in the basement

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

For Domestic purposes from 4/1 to 12/30 amount 0.04
Month/Day Month/Day cfs (✓) or AFY ()

For Stock Water purposes from 5/1 to 9/30 amount 0.02

7. 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) one home; Stock water for
30' x 20' lawn area, 10' x 15' garden and three
Small trees.

COANNED
JAN 15 2010

9. Location of Place of Use is: Township 50N, Range 6W, Section 13
NW 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 _____

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: Changes authorized by Margaret Lyons 1-15-10 Cassidy Ziegler of Group Law Firm
Robert & Margaret Lyons moved in on December 18, 1999, but
date of certificate may be in early 2003. cz

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: 01

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) Margaret Lyons Date: 1/14/10

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 15 2010

7/98

Starships Consulting and
Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

JUL 20 1999

IDWR/NORTH

076691

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

1. WELL TAG NO. D10263

Drilling Permit No:

Other IDWR No. 95-99-N-97

2. OWNER

Name LYONS, BOB

Well Number:

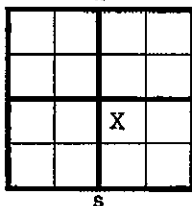
896

Address PO BOX 2722

City POST FALLS State ID Zip 83877-272

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 50 ☒ North or ☐ SouthRge. 06 ☐ East or ☒ West

Sec. 13 1/4 NW 1/4 SE 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site Milsap Rd.

City POST FALLS

(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	18	4 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☒	☐	☒	☐
4	-10	205	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
165	205	1/8X4				☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

85 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20+ GPM		205	1 H.R.

Water Temp. _____ Bottom Hole Temp. _____

Water Quality test or comments: _____

Depth first Water encountered 83'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	5	TOPSOIL	☐	☒
8	5	18	Granite Decomposed Brown	☐	☒
6	18	83	Granite Black & White W/Copper	☐	☒
6	83	89	Granite Green & Black	☒	☐
6	89	175	Granite Black Copper	☐	☒
6	175	182	Granite Black & White W/Green Appr	☒	☐
6	182	205	Granite Black & White	☐	☒

Completed Depth 205 (Measurable)

Date: Started 7/7/99 Completed 7/7/99

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 Well Service, Inc. Firm No. 448

Firm Official Thomas R. Hanner Date 7/7/99

and

Supervisor or Operator Louie Hanner Date 7/7/99

(Sign Once if Firm Official and Operator)

(Louie Hanner)

50N 6W 13