

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 95-13410

Date Received: 11/5/10

Receipt No: 1003409

Received By: AW

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Michael L. Ray + Karen L. Ray Phone (208) 262-7200

Mailing Address 18634 W Quail Lane Post Falls ID ZIP 83854
Street or Box City State

2. Date of Priority (Only one (1) per claim) 5-8-1991
Month Day Year (YYYY)

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

4. a. Location of Point of Diversion is: Township 50N, Range 06W, Section 24,
SW, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. 50N06W248800

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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, and pipelines

Well depth 220'

COANNED

JAN 15 2010

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Domestic purposes from 1-1 to 12-31 amount .04 or _____

For Livestock purposes from 1-1 to 12-31 amount .0026 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .0426 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Domestic (one Household) 12 Horses

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
SDAS	06W	24															D		
SDAS	06W	24															S		

Parcel (PIN) no(s). SDAS 06W 24 8800

Total number of acres irrigated _____

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 your 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: _____

Last Name Roy Identification No. _____

SCANNED

JAN 15 2010

7.11.1

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 () do not (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3

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: 1/14/10
[Signature] 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, ROBERT J FASNACHT ISB # 3500, 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 [Signature] Date 1/14/10

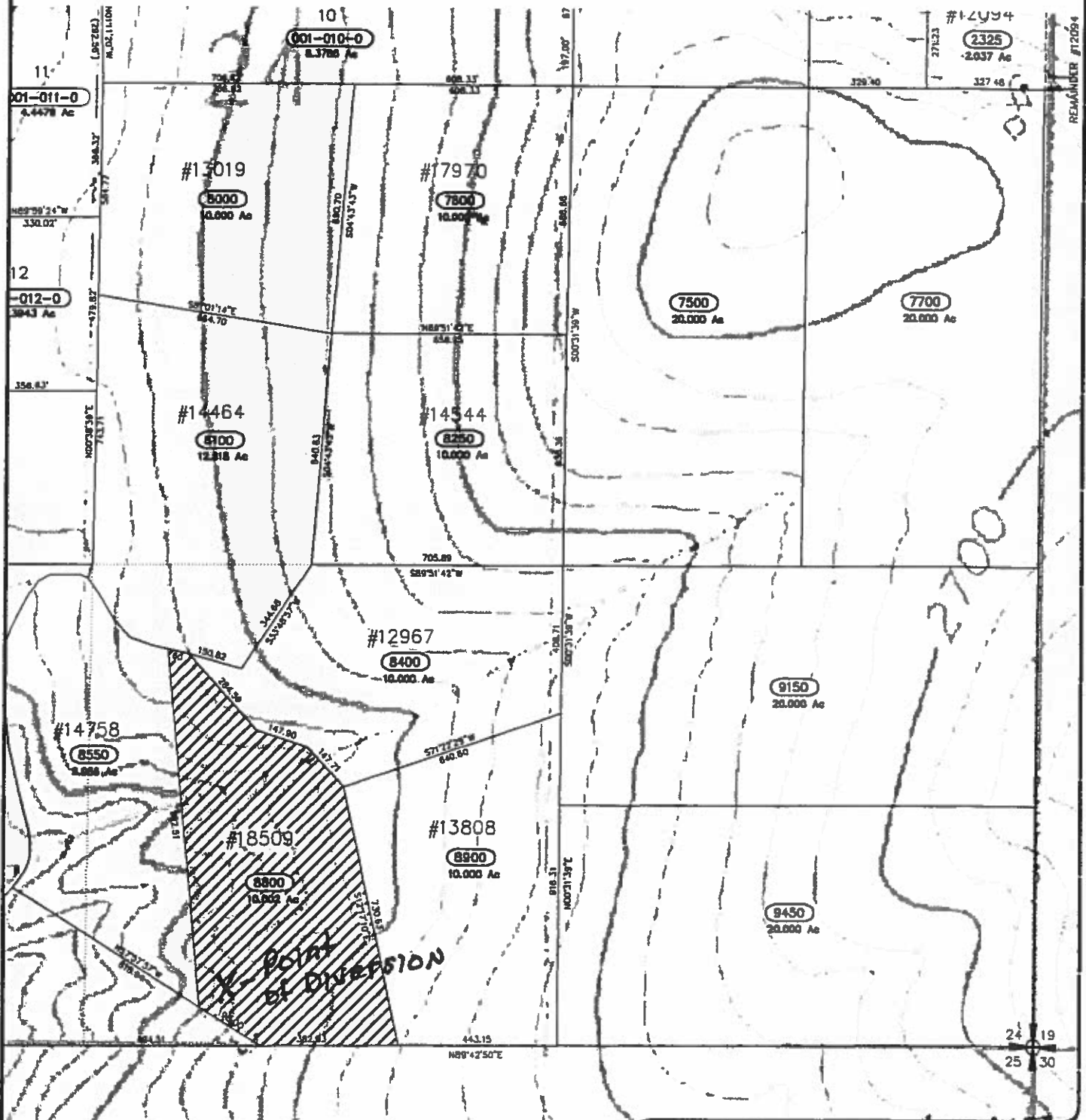
Address 850 W. IRONWOOD DR., Suite 101
Coeur d'Alene ID 83814

Last Name Ray Identification No. _____

SCANNED

JAN 15 2010

SOUTHEAST QUARTER OF
SECTION 24, TOWNSHIP 50 NORTH, RANGE 6WEST, B.M.,
KOOTENAI COUNTY, IDAHO

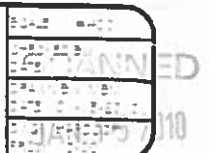


SCALE 1"=400'



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- PH. (208) 773-2745 - FAX (208) 763-7731 -



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Parcel

Parcel Number
1 of 1

Property Info**Parcel**

Print View
Parcel Map →

Searches

Address
Parcel Number
Owner
AIN

Functions

Home
Department Index
Assessor Home
Treasurer Home
Welcome Page
Login / Logout
Property Search
Printing Parcel Maps
Help
Contact Us
Subscriptions
Treasurer Search

Parcel Number
50N06W248800

AIN
175058

Situs Address
18634 W QUAIL LN, POST FALLS

Owner Information

Owner Name RAY MICHAEL L
Owner Address 18634 W QUAIL LN
POST FALLS ID 83854
Transfer Date 12/22/2008

Location / Description

Tax Authority Group 073000 **Legal Desc.** TAX #18509 [IN SW-SE] 24 50N 06W
Situs Address 18634 W QUAIL LN, POST FALLS
Acreage 10.0020

Parcel Type

Property Class Code 534- Imp res rural tract
Neighborhood Code 5800 50-5W 7-18 S-RIVER,50-6W 12,13

Assessment Information

Appraisal Date	01-01- Current Year - 2009	0	Prior Year - 2008	0
Market Value Land	\$176,018	Homeowners Eligible Amt Land	\$95,000	Homeowners Eligible Amt Land \$112,112
Market Value	\$359,570	Homeowners Eligible Amt	\$359,570	Homeowners Eligible Amt \$597,963

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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 Wade Zaharie
Address P.O. Box 550 Cedar
Drilling Permit No. 95-90-N-37
Water Right Permit No. _____

7. WATER LEVEL

Static water level +1 feet below land surface.
Flowing? ☒ Yes ☐ No G.P.M. flow 4gpm
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other 60gpm

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>60-80</u>		<u>1</u>

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

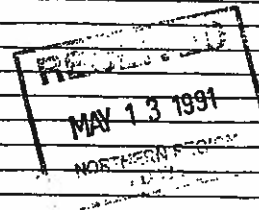
Bore Diam.	Depth		Material	Wat Yes
	From	To		
8"	0	4	Top Soil	
8"	4	19	Decomposed Quartzite	
6"	19	40	Red Quartzite	X
6"	40	52	Grey Quartzite	
6"	52	80	Black Quartzite	
6"	80	120	Grey Quartzite	X
6"	120	160	Tan Quartzite	
6"	160	180	Grey Quartzite	
5"	180	205	Tan Quartzite	X
6"	205	220	Black Quartzite	

4. METHOD DRILLED

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

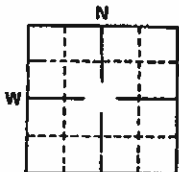
5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☒ Other PVC
Thickness 250 inches Diameter 6 inches + 1 feet 19 feet
160 inches 4 inches 5 feet 220 feet
____ inches _____ inches _____ feet _____ feet
____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
60 perforations 180 feet 220 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 19 Material used in seal: ☐ Cement grout
☐ Bentonite ☐ Puddling 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



Subdivision Name REC 04 1991

Lot No. _____ Block No. _____

County Kootenai

SW ¼ SE ¼ Sec. 24, T. 50 N. R. 6 W.

10.

Work started 5-5-91 finished 5-6-91

11. DRILLERS 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 Firm No. 448

Address Hayden Idaho Date 5-8-91

Signed by (Firm Official) [Signature]

and
(Operator) [Signature]

Ray

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