

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 95-13424Date Received: 01/15/2010Receipt No: N0023415Received By: Jim

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) Richard B Chadwick and/or Cynthia A Chadwick Phone 208 777 4389Mailing Address 16106 W Chantilly Lane Post Falls ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 2-15-1977
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 17
SW 1/4 of NEW 1/4, or Govt. Lot _____ BM. County of _____Parcel (PIN) no. 50N05W 174 115Additional 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.

660 foot Well completed 1991 to replace well drilled 1977; 95-77-N-62. Connected to one home

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 0.04 cfs

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (☒ or AFY ())

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Single Household - 2 people

SCANNED

JAN 15 2010

9. Location of Place of Use is: Township 50N, Range 5W, Section 17,
SW 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 50N05W 17 4115
If different than shown in Item 4

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

Additional places of use, if any NA

10. In which county (ies) are lands listed above as place of use located? Coeur d'Alene

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: 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: 15 JAN 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.

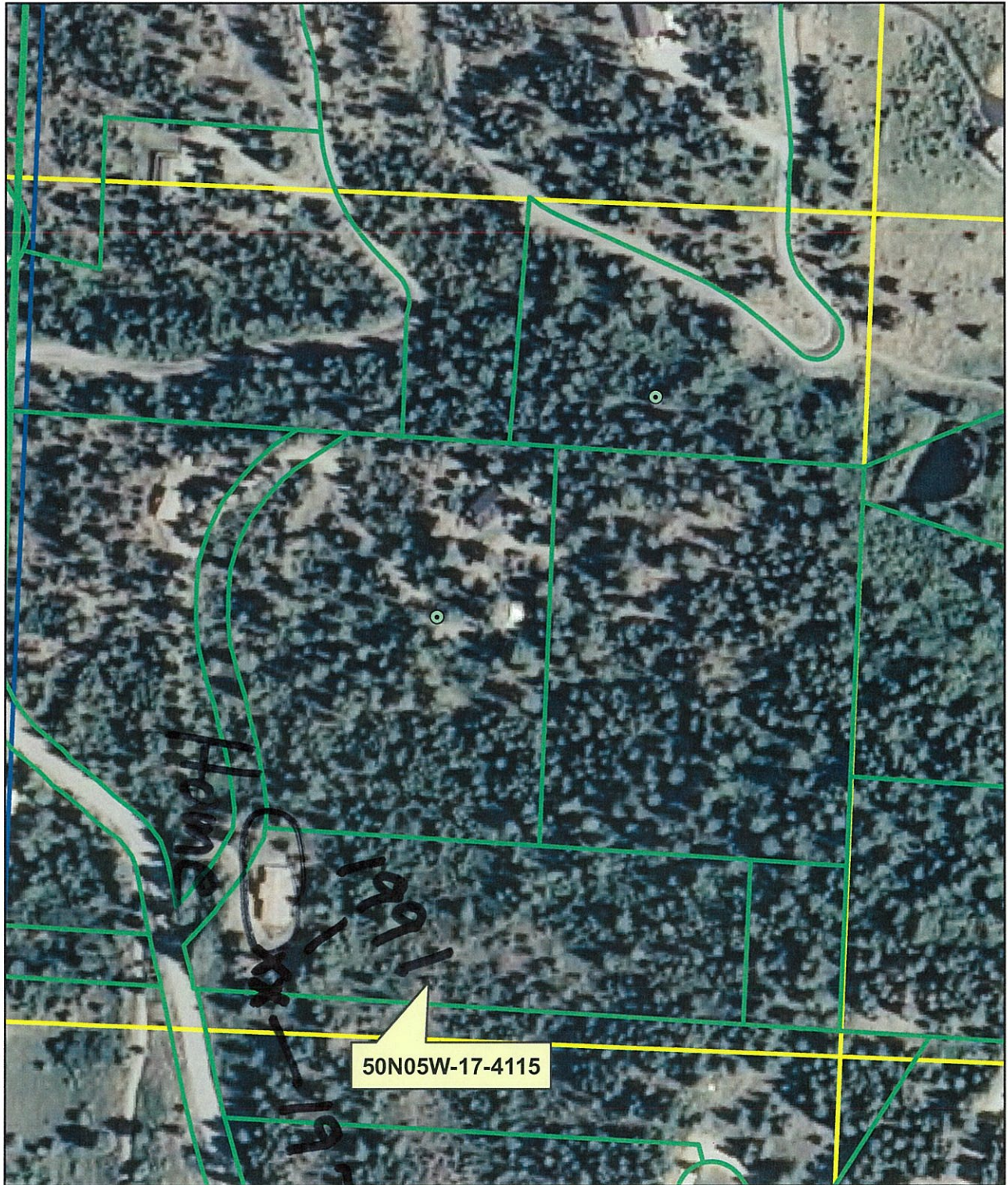
Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED
JAN 15 2010

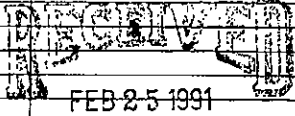
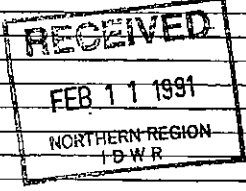
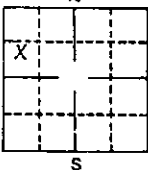
CHADWICK PIN 50N05W-17-4115



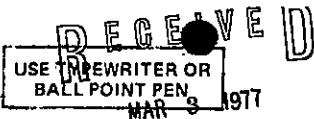
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

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 <u>JACK HESTON</u> Address <u>S. 2560 CARPENTER LOOP ROAD</u> <u>POST FALLS, IDAHO 83854</u> Drilling Permit No. <u>95-91-N-5</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>20'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ of. Quality _____ <i>Describe artesian or temperature zones below.</i>																																																																																		
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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>2 gpm</td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	2 gpm																																																																														
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>10"</td><td>0</td><td>2</td><td>TOP SOIL</td><td></td><td>X</td></tr><tr><td>10"</td><td>2</td><td>10</td><td>DECOMPOSED GRANITE, TAN</td><td>X</td><td></td></tr><tr><td>10"</td><td>10</td><td>19</td><td>GRANITE, TAN, MED</td><td></td><td>X</td></tr><tr><td>6"</td><td>19</td><td>65</td><td>GRANITE, GREY, MED; SLI- FRACTURES</td><td>X</td><td></td></tr><tr><td>6"</td><td>65</td><td>130</td><td>GRANITE, DARK GREY, MED. - SLIGHTLY FRACTURED</td><td>X</td><td></td></tr><tr><td>6"</td><td>130</td><td>220</td><td>GRANITE, GREY, MED.</td><td></td><td>X</td></tr><tr><td>6"</td><td>220</td><td>320</td><td>GRANITE, GREY, HARD</td><td></td><td>X</td></tr><tr><td>6"</td><td>320</td><td>420</td><td>GRANITE, SALT & PEPPER - HARD</td><td></td><td>X</td></tr><tr><td>6"</td><td>420</td><td>540</td><td>GRANITE, MED., GREY/FRACT.</td><td>X</td><td></td></tr><tr><td>6"</td><td>540</td><td>600</td><td>GRANITE, SALT & PEPPER, MED/SLIGHTLY FRACT.</td><td></td><td>X</td></tr><tr><td>6"</td><td>600</td><td>650</td><td>GRANITE, GREY, MED.</td><td></td><td>X</td></tr><tr><td>6"</td><td>650</td><td>660</td><td>GRANITE, GREY, HARD</td><td></td><td>X</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	10"	0	2	TOP SOIL		X	10"	2	10	DECOMPOSED GRANITE, TAN	X		10"	10	19	GRANITE, TAN, MED		X	6"	19	65	GRANITE, GREY, MED; SLI- FRACTURES	X		6"	65	130	GRANITE, DARK GREY, MED. - SLIGHTLY FRACTURED	X		6"	130	220	GRANITE, GREY, MED.		X	6"	220	320	GRANITE, GREY, HARD		X	6"	320	420	GRANITE, SALT & PEPPER - HARD		X	6"	420	540	GRANITE, MED., GREY/FRACT.	X		6"	540	600	GRANITE, SALT & PEPPER, MED/SLIGHTLY FRACT.		X	6"	600	650	GRANITE, GREY, MED.		X	6"	650	660	GRANITE, GREY, HARD		X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	 FEB 25 1991 Department of Water Resources  FEB 11 1991 NORTHERN REGION IDWR																																																																																		
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>2.50 inches</td><td>6"</td><td>1'</td><td>19'</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> 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 <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> 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 <u>19'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding 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 _____	Thickness	Diameter	From	To	2.50 inches	6"	1'	19'													Number	From	To																																																												
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6. LOCATION OF WELL Sketch map location must agree with written  County <u>KOOTENAI</u> Subdivision Name _____ Lot No. _____ Block No. _____ N ☒ S ☐ E ☐ W ☐ SW ☐ NW ☐ Sec. 17, T. 50, R. 5	10. Work started <u>1/25/91</u> finished <u>2/1/91</u>																																																																																		
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>VERMILLION WELL</u> Firm No. <u>467</u> <u>DRILLING, INC.</u> Address <u>OTIS ORCHARDS, WA.</u> Date <u>2/6/91</u> Signed by (Firm Official) <u>Keith D. Vermillion</u> and _____ (Operator) <u>Same</u>																																																																																			

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT



State of Idaho
Department of Water Resources



WELL DRILLER'S REPORT

Department of Water Resources
Northern District Office

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 Mr. Jack Heston
Address Box 510 Post Falls Idaho
Owner's Permit No. 95-77-N-62

7. WATER LEVEL

Static water level 26 feet below land surface
Flowing? ☐ Yes ☒ No - G.P.M.
Temperature ° F. Quality
Artesian closed-in pressure p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped
<u>1 1/2</u>	<u>2.50</u>	<u>3</u>

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>10</u>	<u>0</u>	<u>2</u>	<u>Top Soil</u>		☒
<u>9</u>	<u>2</u>	<u>9</u>	<u>Granite Decomposed</u>		☒
<u>9</u>	<u>9</u>	<u>14</u>	<u>Granite Decomposed</u>		☒
<u>14</u>	<u>14</u>	<u>15</u>	<u>Granite Black & white hard</u>		☒
<u>10</u>	<u>15</u>	<u>20</u>	<u>Granite Gray hard</u>		☒
<u>6</u>	<u>20</u>	<u>23</u>	<u>Granite Gray Decomposed</u>		☒
<u>53</u>	<u>23</u>	<u>60</u>	<u>Granite Brown hard</u>		☒
<u>100</u>	<u>60</u>	<u>100</u>	<u>Granite white hard</u>		☒
<u>104</u>	<u>100</u>	<u>129</u>	<u>Granite Gray Soft</u>		☒
<u>129</u>	<u>129</u>	<u>135</u>	<u>Granite Brown Decomposed</u>		☒
<u>135</u>	<u>135</u>	<u>160</u>	<u>Granite Gray Decomposed</u>		☒
<u>160</u>	<u>160</u>	<u>193</u>	<u>Granite white Decomposed</u>		☒
<u>193</u>	<u>193</u>	<u>204</u>	<u>Granite Gray hard</u>		☒
<u>204</u>	<u>204</u>	<u>228</u>	<u>Granite white Decomposed</u>		☒
<u>228</u>	<u>228</u>	<u>236</u>	<u>Granite Gray Decomposed</u>		☒
<u>236</u>	<u>236</u>	<u>242</u>	<u>Granite Gray hard</u>		☒
<u>6</u>	<u>242</u>	<u>250</u>	<u> </u>		☒

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 250 feet

Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1 1/2</u> feet	<u>20 1/2</u> feet

Was casing drive shoe used? ☐ Yes ☒ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation inches by inches

Number perforations feet 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 20 Material used in seal ☐ Cement grout

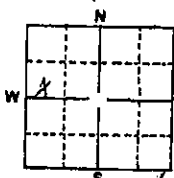
☒ Pudding clay ☒ Well cuttings

Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing

☒ Oversize to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name

Lot No. Block No.

County Kootenai

SW 1/4 NW 1/4 Sec. 17 T. 50 N. R. 5 E. W

10.

Work started 1-17-77 finished 1-20-77

11. DRILLERS CERTIFICATION

Firm Name E. A. Heston & Son Drilling Co. Firm No. 105

Address 601 S. 1st St. Post Falls Idaho 83250 Phone 1-25-77

Signed by (Firm Official) [Signature]

and (Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT