

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 95-13460Date Received: 8-26-09Receipt No: NO 21877Received By: cmj **RECEIVED**

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

AUG 26 2009

IDWR/North

1. Name of Claimant(s) Randall E Wilkinson Phone (208) 772-7676

Mailing Address 101 W. Prairie Ctr #282 Hayden ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 12/13/1998
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 51N, Range 03W, Section 03,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. _____

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 production pumped into underground reservoir tank, from whence it is pumped to the house for

domestic use.

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

For Domestic _____ purposes from 1/1 ^{Month/Day} to 12/31 ^{Month/Day} 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) Single household use

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9. Location of Place of Use is: Township 51N, Range 03W, Section 03W,

NW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

If different than shown in Item 4

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

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)  Date: 8/24/09

_____ 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. _____

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IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
Lat: : : Long: : :
77870

1. WELL TAG NO. **D0005524** **RECEIVED**
DRILLING PERMIT NO **95-98-N-209**
Other IDWR No. **NOV 13 1998**

2. OWNER:
Name **Reindall Wilkinson**
Address **2904 Mc Cullough RD**
City **Yakima** State **WA** Zip **98903**

3. LOCATION OF WELL by legal description:
N Twp **51N** North ☒ or South ☐
Rge **03W** East ☐ or West ☒
Sec **03** 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County **Kootenai**
Lat _____ Long _____
Address of Well Site: (see next line)
Henry's Point, Hayden Lake City **Hayden**
Lot _____ Blk _____ Sub. Name (see next line)

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/Lbs	
Bentonite	0	49	15 sacks	50 lb. dry pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) **49'**
Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6"	1	49	0.25	Steel	☒	☐	☒	☐
4"	-20	300	0.165	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations? Method **Drill**
☐ Screens? Screen Type

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
204	290	1/8	500	1/8	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE
85 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered **120** ft. Describe access port or control devices: **steel cap welded**

11. WELL TESTS
☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian
Yield gal./min. Drawdown Pump Level Time
8 gpm est. 100% 300 3 hrs.

Water Temp. _____ cold Bottom hole temp. _____ cold
Water Quality test or comments: (below) Depth first Water Encountered **120**
clear & clean

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	32	Decomposed granite	☐	☒
8	32	49	Medium decomposed granite	☐	☒
6	49	119	Medium black & white granite	☐	☒
6	119	122	Broken black granite - 3 gpm	☒	☐
6	122	210	Hard black & white granite	☐	☒
6	210	215	Hard broken granite - 5 gpm	☒	☐
6	215	300	Hard black & white granite	☐	☒

Completed Depth **300** (Measurable)
Date: Started **11/9/98** Completed **11/10/98**

13. DRILLERS CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name **United Drilling Inc.** Firm No **414**
Firm Official **Timothy R. Volking** Date **11/11/98**
Supervisor or Operator **Timothy R. Volking** Date **11/11/98**

FORWARD WHITE COPY TO WATER RESOURCES

51N 3W 3

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WILKINSON NIA CLAIM RECEIVED

SEP 30 2010

IDWR/NORTHERN



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OCT 19 2010