

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 95-13478Date Received: 8-27-09Receipt No: 2021893Received By: EWJ

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

RECEIVED

AUG 27 2009

IDWR/North

1. Name of Claimant(s) Deannal. and/or Stephen A. Hughes Phone (208) 819-2962Mailing Address 17420 N. Wilkinson Rd. Rathdrum, ID Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) 03/17/1996
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 52N, Range 4W, Section 27,
NW 1/4 of NE 1/4, or Govt. Lot - BM. County of Kootenai;Parcel (PIN) no. 0-5760-000-077-AAdditional points of diversion if any: N/AIf available, GPS coordinates: N/A

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.

95-96-N-018-000 - well completed 1996.

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

For Domestic purposes from 01/01 to 12/31 amount .04 CFS
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 CFS 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 home

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9. Location of Place of Use is: Township 52N, Range 4W, Section 27,
NW 1/4 of NE 1/4, Govt. Lot - BM. Parcel (PIN) no. K
If different than shown in Item 4

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

Additional places of use, if any N/A

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: Drilling Permit 95-96-N-018

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: 2

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) Deanna L. Hughes Date: 8/25/2009

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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POSTED

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. 95-96-N-018-000

Other IDWR No

STATE COPY

2. OWNER

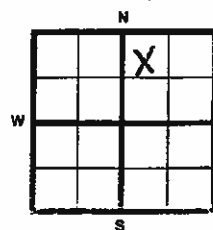
Name HANSEN, ARTHUR

Address RT 2 BOX 118

City HARRISON State ID Zip 83833

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 52 North or South

Rge 04 East or West

Sec. 27 1/4 NW 1/4 NE 1/4

Gov't Lot County KOOTENAI

Lat: : Long: :

Address of Well Site WILKENS ON RD

City

(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	80	6 SACKS	Powder/ 3 crumbl

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 299Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	299	250	steel	☒	☐	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method Open Bottom
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

265 ft. below ground Artesian pressure lb

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

NW NE 27 52N 4W

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30			1 HR

Water Temp. Bottom Hole Temp

Water Quality test or comments:

Depth first Water encountered

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

						Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N		
8	0	2	Topsoil, Brown Soft	☐	☒		
8	2	5	Cobbles Clays Brown	☐	☒		
8	5	8	Boulder	☐	☒		
8	8	19	Cobbles Clays Brown	☐	☒		
8	19	36	Sands Clays Gravels	☐	☒		
8	36	38	Boulder	☐	☒		
8	38	60	Sands Gravels	☐	☒		
8	60	63	Boulder	☐	☒		
8	63	180	Gravels Fine Sands Tanish	☐	☒		
8	180	240	Sands Fine Gravels	☐	☒		
8	240	265	Fine Sand Brown	☐	☒		
8	265	285	Fine Gravels 3/8 Minis	☐	☒		
8	285	299	Coarse Gravels " to 1 1/2	☒	☐		
	0	0	(208)772-4004	☐	☐		
	0	0	Note: 1x6" Bolt on Cap	☐	☐		
	0	0	Sand, Gravel, Boulders	☐	☐		

Completed Depth 299' (Measurable)

Date: Started 03/18/96 Completed 03/19/96

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 WellService, Inc. Firm No. 448

Firm Official *John Wheeler* Date 3-21-96

and

Supervisor or Operator Date

(Sign Once if Firm Official and Operator)

HUGHES PIN 0-5760-000-077-A

