

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 95-13519Date Received: 03/01/2010Receipt No: N023649Received By: dm

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) Helen Christine Barton Phone (208) 664-3928Mailing Address P.O. Box 1679 Coeur d'Alene Id Zip 83816
Street or Box City State2. Date of Priority: (Only one per claim) Sept. 8, 1972
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 50 N, Range 03 W, Section 8 well #1,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 50 N 03 W - 08 - 7400Additional points of diversion if any: T50 N R03 W S. 8 NWSE well #2 completed
08-03-94If available, GPS coordinates: N 41° 41.612' W 116° 43.684' Elev 2497 ft.

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.

First well deepened 01-08-88GPS coordinates N 41° 41.544' W 116° 43.589' elev. 2505 ft.

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 0.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

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

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

Stockwater and Number of livestock) Domestic 1 home

SCANNED
MAR - 1 2010

9. Location of Place of Use is: Township 50 N, Range 03 W, Section 8

NE 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:

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: 4

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) Helen Christine Sartor Date: 03-01-2010

_____ 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

COANNED
MAR - 1 2010

POSTED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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.USE TYPEWRITER OR
BALLPOINT PEN

MAR 13 1988

1. WELL OWNER

Name DR. JAMES BARTON
Address 99-72-N-43-1
Owner's Permit No. _____

7. WATER LEVEL

Static water level 83' feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
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
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☒ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>12+</u>	<u>163:70</u>	<u>2</u>

3. PROPOSED USE

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

4. METHOD DRILLED

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

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☐ NoWas a packer or seal used? ☐ Yes ☐ NoPerforated? ☐ Yes ☐ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number _____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☐ No

Manufacturer's name _____ 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 _____ Material used in seal: ☐ Cement grout☐ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☐ Overbore to seal depthMethod of joining casing: ☐ Threaded ☐ Welded ☐ Solvent

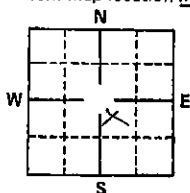
Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written description



Subdivision Name

DEC 12 1988

Lot No.

Block No.

County KootenaiNW 1/4 SE 1/4 Sec. 8, T. 50 N., R. 3 E.

10.

Work started 1-7-88 finished 1-8-88

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 Firm No. 2481Address Hayden Idaho Date 1-11-88Signed by (Firm Official) John Whippleand
(Operator) W. J. [Signature]

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

[illegible]



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED

AUG 17 1994

1. DRILLING PERMIT NO. 95 - 94 - N - 170 000

Other IDWR No. _____

2. OWNER:

2. OWNER: JIM BARTON
Name _____
Address _____ 2201 GOVERNMENT WAY
City _____ COEUR D ALENE State ID _____ Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W E
 Twp. 50 North ☒ or South ☐
 Rge. 03 East ☐ or West ☒
 Sec. 08 $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$
 Gov't Lot _____ County Kootenai

Address of Well Site French Gulch

City

(Give at least name of road + Distance to Road or Landmark)

Lt. Blk. Sub. Name

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	40	12 bags	Four

Was drive shoe used? Y ☒ N ☐
Was drive shoe seal tested? Y ☒ N ☐ How? Drove On

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	152	.250	Steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Line
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

SWNE 8 50N 3W

11. WELL TESTS:

☐ Pump ☐ Bailer

NORTHERN REGION
☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Drawdown	Time
5-6 GPM			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	TOP SOIL		X
10	2	27	BASALT HONEY COMP BROWN		X
8	27	32	CLAY DARK BROWN HARD		X
8	32	60	CLAY TAN MED		X
8	60	64	CLAY LIGHT BROWN MED		X
8	64	112	CLAY DARK BROWN HARD		X
8	112	127	CLAY GRAY MED SOFT		X
8	127	141	CLAY BLUEISH GRAY MED		X
8	141	152	CLAY BLUE MED		X
6	152	155	SHALE BLUE FRACTURED		
			W/WATER 1 GPM	X	
6	155	218	SHALE BLUEISH GREEN MED		X
6	218	257	SHALE GRAY HARD		X
6	257	295	SHALE GREENISH GRAY HARD		X
6	295	382	SHALE DARK GRAY HARD		X
6	382	405	GRANITE BLACK & WHITE W/GREEN		X
6	405	420	GRANITE BLACK & GREEN W/WHITE		X
6	420	426	GRANITE GREEN & WHITE		
			W/WATER 2 GPM	X	
6	426	470	GRANITE GREEN & WHITE & GRAY HARD		X
6	470	476	GRANITE GREEN & WHITE W/WATER APPROX 2 GPM	X	
6	476	503	GRANITE GREEN & WHITE & BLACK		X
6	503	506	GRANITE GREEN & WHITE W/WATER 1 GPM	X	
6	506	520	GRANITE GREEN & WHITE HARD		X

Completed Depth 520' (Measurable)
Date: Started 08/02/94 Completed 08/03/94

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 John W. Baker Date 8-3-94

and 4.54×10^{11}

Supervisor or Operator [Signature] Date 8-1-74
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

BARTON LIVING TRUST

