

ORIGINAL

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 95-13730Date Received: 9-1-09Receipt No: W021946BReceived By: W

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) Marybue Wilson ETOX Trustee Phone (25) 828-5274Mailing Address 7766 Castilian Rd Dublin CA Zip 94568
Street or Box City State2. Date of Priority: (Only one per claim) Dec 19 1982
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 49N, Range 4W, Section 26,
NE 1/4 of SW 1/4, or Govt. Lot 3 BM. County of Kootenai;
Parcel (PIN) no. 0-1620-000-002-0Additional 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.

Well Permit # 95-82N-73 Completed 1987
with pressure tank

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 to 12-31 amount 0.04
For _____ purposes from _____ to 12/31/2009 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) 1 Home

SCANNED

SEP - 1 2009

9. Location of Place of Use is: Township 49N, Range 4W, Section 26,
NE 1/4 of SW 1/4, Govt. Lot 3 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 NA

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: 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) Mary Lee Wilson, EPO Trustee Date: 8/29/29

_____ 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. _____

SCANNED

SEP - 1 2009

WILSON PIN 0-1620-000-002-0



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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.RECEIVED
90

MAY 6 1983

1. WELL OWNER Name <u>Ralph C. Wilson</u> Address <u>N. 6017 Howard St. Spokane, Wa. 99208</u> Owner's Permit No. <u>95-82-N-73</u>	7. WATER LEVEL Static water level <u>15</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 <u>60°F.</u> Quality <u>good</u> 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 _____ <table border="1" style="width:100%"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td><u>8 to 10 g.p.m.</u></td><td></td><td></td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>8 to 10 g.p.m.</u>																																																																																																
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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%"><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>6</td><td>0</td><td>2</td><td>top soil</td><td></td><td>x</td></tr><tr><td>6</td><td>2</td><td>18</td><td>basalt boulders clat brown</td><td></td><td>x</td></tr><tr><td>6</td><td>18</td><td>22</td><td>basalt bolder</td><td></td><td>x</td></tr><tr><td>6</td><td>22</td><td>90</td><td>brown clay some boulders</td><td></td><td>x</td></tr><tr><td>6</td><td>90</td><td>111</td><td>fine sand</td><td></td><td>x</td></tr><tr><td>6</td><td>111</td><td>126</td><td>sand brown clay</td><td></td><td>x</td></tr><tr><td>6</td><td>126</td><td>131</td><td>brown clay</td><td></td><td>x</td></tr><tr><td>6</td><td>131</td><td>133</td><td>gray fine sand</td><td></td><td>x</td></tr><tr><td>6</td><td>133</td><td>152</td><td>light brown fine sand</td><td></td><td>x</td></tr><tr><td>6</td><td>152</td><td>160</td><td>soft decomp. granite</td><td></td><td>x</td></tr><tr><td>6</td><td>160</td><td>240</td><td>black semi hard granite</td><td></td><td>x</td></tr><tr><td>6</td><td>240</td><td>320</td><td>green gray granite</td><td></td><td>x</td></tr><tr><td>6</td><td>320</td><td>350</td><td>black & white granite</td><td></td><td>x</td></tr><tr><td>6</td><td>350</td><td>360</td><td>broken seam</td><td>x</td><td></td></tr><tr><td>6</td><td>360</td><td>365</td><td>hard black granite</td><td></td><td>x</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	6	0	2	top soil		x	6	2	18	basalt boulders clat brown		x	6	18	22	basalt bolder		x	6	22	90	brown clay some boulders		x	6	90	111	fine sand		x	6	111	126	sand brown clay		x	6	126	131	brown clay		x	6	131	133	gray fine sand		x	6	133	152	light brown fine sand		x	6	152	160	soft decomp. granite		x	6	160	240	black semi hard granite		x	6	240	320	green gray granite		x	6	320	350	black & white granite		x	6	350	360	broken seam	x		6	360	365	hard black granite		x
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED MAY 10 1983 DEPARTMENT OF WATER RESOURCES																																																																																																				
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="0" style="width:100%"><tr><td>Thickness</td><td>Diameter</td><td>From</td><td>To</td></tr><tr><td><u>250</u> inches</td><td><u>6</u> inches + <u>1</u> feet</td><td><u>160</u> feet</td><td></td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></table> 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 <table border="0" style="width:100%"><tr><td>Number</td><td>From</td><td>To</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></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>18</u> 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 <u>none</u>	Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches + <u>1</u> feet	<u>160</u> feet		_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	10. Work started <u>12/9/82</u> finished <u>12/19/82</u>																																																																				
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. N W E S Subdivision Name <u>Davey landing</u> Lot No. <u>2</u> Block No. _____ County <u>Kootenai</u> _____ 1/4 _____ 1/4 Sec. <u>26</u> T. <u>49</u> N. R. <u>4</u> W.	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>Murphy Drilling Co.</u> Firm No. <u>269</u> Address <u>E. 17220 Linke Rd.</u> Date <u>4/29/83</u> <u>Greenacres, Washington 99016</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u>																																																																																																				