

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 95-13751

Date Received: 3-16-10

Receipt No: 2023749

Received By: W

RECEIVED

MAR 10 2010

IDWR/North

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) S.G WILSON, VERONIKA Wilson Phone (208) 667-7918

Mailing Address 6165 W. STANDING ELK TRAIL Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 09-30-1999
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 50N, Range 4W, Section 20,
SW 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. WILSON PIN 50N04W-20-6200

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, depth 625' 5HP Pump,

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
Month/Day Month/Day 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) Domestic, 1 Household

SCANNED

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9. Location of Place of Use is: Township 50 N, Range 4 W, Section 20,
SW 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. WILSON 50N04W-20-62c
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: 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) S. G. Wilson Date: 3-8-10

B. Wilson Date: 3-8-10

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. _____

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Form 238-7

11/97

SEP 23 1999

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT 076755

1. WELL TAG NO. D 10561
 DRILLING PERMIT NO. 95-99-N-165
 Other IDWR No. _____

2. OWNER:
 Name SKIP + VERONICA WILSON
 Address SPACE 105 BLACKWELL CRT
 City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>50</u> North ☒ or South ☐	
W		Rge. <u>4</u> East ☐ or West ☒	
E		Sec. <u>20</u> 1/4 <u>SW</u> 1/4 <u>SW</u> 1/4	
S		Gov't Lot _____ County <u>Kootenai</u>	
X		Lat: _____ Long: _____	

Address of Well Site MEADOW BROOK TO
55000 EIR-KUMILE RIGHT City CDX
 (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	3	20	950'S	8"	OVERHOLE

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	240	250	STEEL	☒	☐	☐	☐

Length of Headpipe ✓ Length of Tailpipe ✓

9. PERFORATIONS/SCREENS

Perforations _____ Method _____

Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
NONE							

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

110 ft. below ground Artesian pressure — lb.

Depth flow encountered 636 ft. Describe access port or control devices: ✓

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

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20 gpm	MAX	625	30 min

Water Temp. Cold Bottom hole temp. _____

Water Quality test or comments: CLEANED DRINKABLE

IN 9 MIN WITH AIR Depth first Water Encounter 87

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	12	CLAY		X
	16	37	BROKEN GRANITE		X
	37	76	" " & CLAY		X
	76	87	HARD " "		X
	87	102	BROKEN " SEED	X	
	102	140	CLAY WITH ROCK CHUNKS	X	
	140	201	" "	X	
6	201	228	19" & CLAY	X	
	228	235	" SOFT	X	
	235	242	FIRM 19"		X
	242	256	HARD GRAY GRANITE		X
	256	390	SALT PEPPER " HARD		X
	390	424	SOFT WHITE " 20% GRAY		X
	424	508	S+P GRANITE HARD		X
	508	514	WHITE " FIRM		X
	514	535	S+P " HARD		X
	535	595	BROWN " "		X
	595	630	BROWN " "		X
	630	654	BROKEN " "		X
	654	674	CRACKED WATER	X	

Completed Depth 636 (Measurable)

Date: Started 9-4-99 Completed 9-21-99

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name BROWN WATER WELLS Firm No. 189

Firm Official Linda Buden Date 9-22-99

and Driller or Operator ✓ Date _____

(Sign once if Firm Official & Operator)

50N 4W 20

FORWARD WHITE COPY TO WATER RESOURCES

WILSON PIN 50N04W-20-6200

