

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 95-13545

Date Received: 3-2-10

Receipt No: NO23662

Received By: M

RECEIVED

MAR 02 2010

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

IDWR / NORTH

1. Name of Claimant(s) LARSON, RONALD L. Phone (Res) 667-2602

Mailing Address 8880 W. APRIE LN COEUR D'ALENE ID Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 09/26/86
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 48 N, Range 04 W, Section # 7,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;

Parcel (PIN) no. 030300010010

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.

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 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

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

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

Stockwater and Number of livestock) _____

RECORDED

MAR - 2 2010

9. Location of Place of Use is: Township 48N, Range 4W, Section 7,

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

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? _____

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) Bruce L. Larson Date: 2 MAR 10

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title _____ of _____ Organization _____

that I have signed the foregoing document in the space below as

Title _____ of _____ 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

MAR - 2 2010

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.

POSTED

1. WELL OWNER Name <u>Ron + Debbie Larson</u> Address <u>127- 148th St Spanaway WA 98387</u> Owner's Permit No. <u>95-86-N-67</u>	7. WATER LEVEL Static water level <u>80'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow <u>14 gpm</u> Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ OF. 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 ☐ Bailor ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>14 gpm</u></td> <td><u>480'</u></td> <td><u>2 hrs</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>14 gpm</u>	<u>480'</u>	<u>2 hrs</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%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>55</td> <td>CLAY</td> <td> </td> </tr> <tr> <td>8"</td> <td>55</td> <td>89</td> <td>DECOMP. GRANITE</td> <td> </td> </tr> <tr> <td>6"</td> <td>89</td> <td>170</td> <td>GRANITE</td> <td> </td> </tr> <tr> <td>"</td> <td>170</td> <td>175</td> <td>BECCON GRANITE</td> <td>1 X</td> </tr> <tr> <td>"</td> <td>175</td> <td>200</td> <td>"</td> <td>1 X</td> </tr> <tr> <td>"</td> <td>210</td> <td>225</td> <td>SOFT GRANITE</td> <td> </td> </tr> <tr> <td>"</td> <td>225</td> <td>480</td> <td>GRANITE</td> <td> </td> </tr> <tr> <td>"</td> <td>450</td> <td>475</td> <td>SOFT LAYER GRANITE</td> <td>5 X</td> </tr> <tr> <td>"</td> <td>475</td> <td>485</td> <td>SOFT GRANITE</td> <td>7 X</td> </tr> <tr> <td>"</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water Yes No	From	To	8"	0	55	CLAY		8"	55	89	DECOMP. GRANITE		6"	89	170	GRANITE		"	170	175	BECCON GRANITE	1 X	"	175	200	"	1 X	"	210	225	SOFT GRANITE		"	225	480	GRANITE		"	450	475	SOFT LAYER GRANITE	5 X	"	475	485	SOFT GRANITE	7 X	"				
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. RECEIVED OCT 23 1986 Department of Water Resources Northern District Office																																																									
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>2.50</u> inches</td> <td>_____ inches</td> <td><u>11 1/2</u> feet</td> <td><u>89</u> feet</td> </tr> <tr> <td><u>SCM 40</u> inches</td> <td>_____ inches</td> <td><u>85</u> feet</td> <td><u>415</u> 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> </tbody> </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="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>4" PVC</u> perforations</td> <td><u>80.5</u> feet</td> <td><u>82.5</u> feet</td> </tr> <tr> <td>_____ perforations</td> <td><u>20.5</u> feet</td> <td><u>22.5</u> feet</td> </tr> <tr> <td>_____ perforations</td> <td><u>30.5</u> feet</td> <td><u>32.5</u> feet</td> </tr> </tbody> </table> Well screen installed? ☐ Yes ☒ No <u>425-485</u> 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>89</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 _____	Thickness	Diameter	From	To	<u>2.50</u> inches	_____ inches	<u>11 1/2</u> feet	<u>89</u> feet	<u>SCM 40</u> inches	_____ inches	<u>85</u> feet	<u>415</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>4" PVC</u> perforations	<u>80.5</u> feet	<u>82.5</u> feet	_____ perforations	<u>20.5</u> feet	<u>22.5</u> feet	_____ perforations	<u>30.5</u> feet	<u>32.5</u> feet	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>Howell Service</u> Firm No. <u>448</u> Address <u>Hayden</u> Date _____ Signed by (Firm Official) <u>John Wheeler</u> and (Operator) <u>John Wheeler</u>																									
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6. LOCATION OF WELL Sketch map location must agree with written location. Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Isle of Wey</u> N/E 1/4 Sec. <u>7</u> T. <u>48</u> S. R. <u>4</u> E. <u>10</u>	12. MICROFILMED																																																									

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT