

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 95-13696Date Received: 3-4-10Receipt No: N023689Received By: E.D.

RECEIVED

MAR 04 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/NORTHERN

1. Name of Claimant(s) Anderson J. Davis Phone 208 262-6456Mailing Address 5124 S. Mira Springs CPA Dr. Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 12/31/1996 Home built 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 49N, Range 4W, Section 5,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 49N04W-05-2700

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.

Pump & 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 CFS 0.04
Month/Day Month/Day cfs () 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) _____

SCANNED

MAR - 4 2010

9. Location of Place of Use is: Township 49N, Range 04W, Section 5
NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
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? 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) Andrew Jeff Davis Date: 3-4-10

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 _____

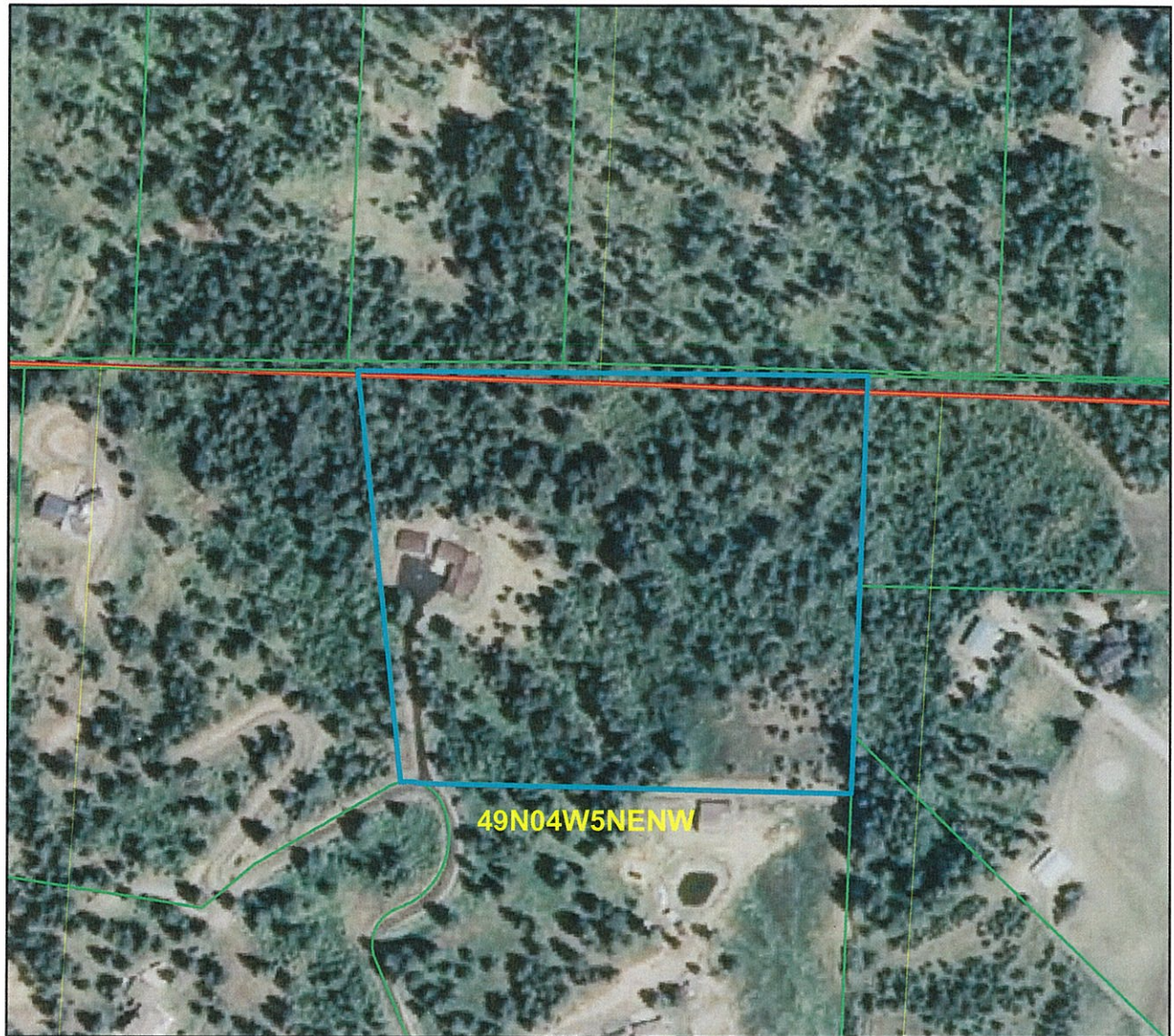
Address _____

Date _____

Last Name _____ Identification No. _____

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MAR - 4 2010

APPLICATION



0 110 220 440 660 880 Feet



Legend

 Taxlots

Form 238-7
1/24

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen1. DRILLING PERMIT NO. 95 94 N 124 000
Other IDWR No. _____2. OWNER:
Name BOB KARLGAARD
Address 3630 HILLCREST
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>49N</u>		North ☒ or South ☐	
E		Rge. <u>4W</u>		East ☐ or West ☒	
S		Sec. <u>5</u>		1/4 NE 1/4 NW 1/4	
W		Govt Lot <u>3</u>		County <u>KOOTENAI</u>	

Address of Well Site _____
City _____L1 3 Sub. Name _____
PARCEL #3

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	Feet or Feet	
BENTONITE	0	20	6	OVERBORE

Was drive shoe used? ☒ Y ☐ NWas drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	0	20	250	STEEL	☒	☐	☒	☐
4"	20	460	60 PSI	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method DRILL
☐ Screens Screen Type _____

From	To	Shot Size	Number	Diameter	Material	Casing	Liner
400	460	3/8	300	4"	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

120 ft. below ground Artesian pressure _____ ft.
 Depth flow encountered _____ ft. Describe access port or control devices: _____
Govt Lot 3 5 49N 4W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
20 GPM EST.		460'	1 HR.

Water Temp. COLD Bottom hole temp. COLDWater Quality test or comments: CLEAR & CLEAR

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	20' DECOMPOSED GRANITE		X
6"	20	80' GRANITE GREY		X
	80	160' GRANITE GREEN	X	
	160	260' GRANITE BAY		X
	260	340' GRANITE GREY		X
	340	460' GRANITE BAY	X	

RECEIVED

JUL 22 1994

NORTHWESTERN REGION
IDWR
 Completed Depth 460' (Measurable)
 Date Started 6/17/94 Completed 6/20/94

13. DRILLER'S CERTIFICATION

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

Firm Name UNITED DRILLING INC. Firm No. 414Firm Official [Signature] Date 6-21-94and
Supervisor or Operator CLINT TRAMER Date 6-21-94
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES