

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 95-13870Date Received: 9/14/09Receipt No: MP22070Received By: LL

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) MATTHEW W. BEAM Phone (208) 687-9684Mailing Address PO 993 RATHDRUM ID Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) 8-10-93
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 52 N, Range 5 W, Section 35,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. -5770

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 + 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 .04 cfs or
For STOCK WATER purposes from 1/1 to 12/31 amount 418 GALLON/
MINUTE7. Total Quantity claimed .04 cfs (☒) or AFY () 18 GAL/MIN

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

Stockwater and Number of livestock) 2 HOMES / STOCK WATER VARIES
+ GARDEN + ORCHARD

SCANNED

SEP 14 2009

9. Location of Place of Use is: Township 52N, Range 5W, Section 35,
NW 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. - 5770

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: 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) Matthew St. Beam Date: 9/14/09

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. 95-13870

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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.

RECEIVED
JAN 12 1994
USE TYPEWRITER OR
ALLPOINT PEN

Department of Water Resources

1. WELL OWNER

Name Robert Fus
Address W 2483 Hidden Valley, Rathdrum Id
Drilling Permit No. 95-93-N-165-000
Water Right Permit No. _____

7. WATER LEVEL

Static water level 80 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
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
15	220	2

3. PROPOSED USE

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

9. LITHOLOGIC LOG

80534

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	1	20	sand & gravel		
	20	34	decomposed granite brown		
	34	120	broken granite grey		
	120	180	firm grey granite	X	
	180	220	broken white & green granite	X	

4. METHOD DRILLED

- ☒ Rotary ☐ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

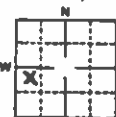
Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness Diameter From To
250 inches 6 inches + 2 feet 40 feet
pvc 160 inches 4 inches - 20 feet 220 feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/8 inches by 6 inches SAW
Number From To
20 perforations 180 feet 220 feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____
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 38 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding 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 well cap

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai

Address of Well Site Hidden Valley Rd
(give at least name of road)

T. 52 N ☒ or S ☐
NW 14 SW 14 Sec. 35 R. 5 E ☐ or W ☒

11. DRILLER'S CERTIFICATION

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

Firm Name Bronson Water Well No. 360

Address Spirit Lk. Id Date 8-20-93

Signed by Drilling Supervisor H. D. Be

and

(Operator) _____
(if different than the Drilling Supervisor)

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

95-13870

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