

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: 95-17310
Date Received: 5/9/2017
Receipt No: NO32915
Claim Fee: 25.00
Received By: L.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)

MARK E HARRELL
21459 N CORBIN HILL RD
HAYDEN ID 83835

Phone: (214) 784-0445

2. Date of Priority: 5/20/2003

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
52N	03W	4	SE SE		KOOTENAI	

5. Description of diverting works:

WELL, PUMP AND PIPELINE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

SCANNED
MAY 10 2017

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
52N	03W	4	SE		SE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks and Priority Date Explanation:

13. Basis of Claim: Beneficial Use

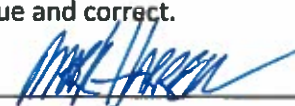
14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

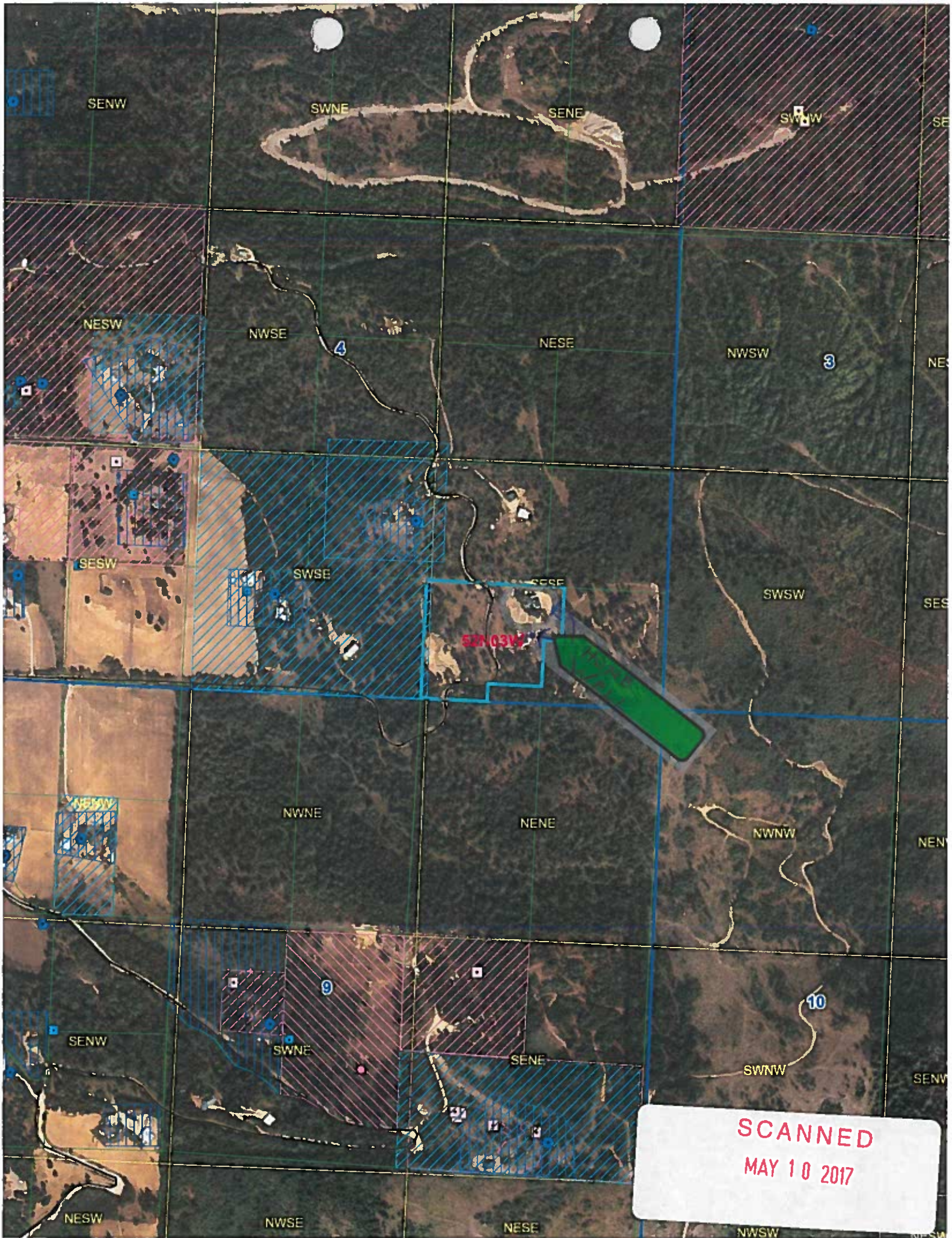
Number of attachments: 2

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):  Date: 5/4/17

Date: _____



SCANNED
MAY 10 2017

RECEIVED
Form 238-7
11/97 JAN 06 2003

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

IDWR/North

1. WELL TAG NO. D0022981

DRILLING PERMIT NO. 789323 #1

Other IDWR No. _____

2. OWNER:

Name Brenda Vandever

Address 10617 Lakeview Drive

City Hayden Lake

State ID

Zip 83835

3. LOCATION OF WELL by legal description:

Twp 52N North ☒ or South ☐
Rge 03W East ☐ or West ☒
Sec 09 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County Kootenai
Lat _____ Long _____

Address of Well Site: (see next line)
City _____
Lot _____ Blk _____ Sub. Name (see next line)

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/Lbs	
Bentonite				
Granules	0	19	4 Sacks	Dry pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 19'

Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6"	+1	19	0.250	steel	☒	☐	☒	☐
4"	-10	360	0.160	PVC	☐	☒	☒	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____
☒ Screens? Screen Type Johnson

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
360	400	40		4"	PVC	☐	☒

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

20 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 43 ft. Describe access port or control devices: STEEL CAP WELDED

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
4/5 GPM	100%	40	1 hour

Water Temp. COLD Bottom hole temp. COLD
Water Quality test or comments: (below) Depth first Water Encountered 43
CLEAR

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	3	Clay	☐	☒
8	3	10	Clay w/shale Broken	☐	☒
8	10	19	Granite multicolor Broken	☐	☒
6	19	78	Granite multicolor Broken 1 GPM	☒	☐
6	78	114	Granite rose/green Medium	☐	☒
6	114	137	Granite rose Soft 1GPM	☒	☐
6	137	251	Granite gray Medium	☐	☒
6	251	343	Granite rose/green Medium	☐	☒
6	343	345	Granite dk green 2GPM	☒	☐
6	345	400	Granite gray Medium	☐	☒

Completed Depth 400 (Measurable)
Date: Started 12/2/02 Completed 12/5/02

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc.

MAY 10 2007 414

Firm Official and _____ Date 12/5/02

Supervisor or Operator Mark A. Penick Date 12/5/02

FORWARD WHITE COPY TO WATER RESOURCES