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Form No. 42-1409-2 (Internet 11/08)

IDWR/NORTHERN

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 95-13988Date Received: 4-12-2010Receipt No: N024061Received By: KJ

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

THOMAS AND SHIRLEY1. Name of Claimant(s) BATHERER REVOCABLE Phone (208) 664-2017Mailing Address 55491 PINE HUN LN CD4 ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 9-2-71
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 500, Range 3N, Section 9,
SE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of KORTENAI;Parcel (PIN) no. 50N09W-09-4250Additional points of diversion if any: NONEIf available, GPS coordinates: N/A

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.

SUMMERBLE 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 0.02 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 cfs (☒) or AFY ()

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

Stockwater and Number of livestock) 1 HOMESCANNED
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9. Location of Place of Use is: Township 50N, Range 3W, Section 9,
NE 1/4 of NW 1/4, Govt. Lot C BM. Parcel (PIN) no. 50N03W09-2800
If different than shown in Item 4
for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any NONE

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:

EASEMENT TO ACCESS WELL ON ADJACENT
PROPERTY

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: 3

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: _____

_____ Date: _____

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

TRUSTEES Title of THOMAS AND SHIRLEY CATHERER REVOCABLE Organization

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

TRUSTEES Title of THOMAS AND SHIRLEY CATHERER REVOCABLE Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Thomas J. Catherer Date 4-12-10

Title and Organization TRUSTEES - THOMAS AND SHIRLEY CATHERER REVOCABLE

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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USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Administration

WELL DRILLER'S REPORT



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NOV 12 1971

State law requires that this report be filed with the State Reclamation Engineer
within 30 days after completion or abandonment of the well.

1. WELL OWNER

Name RALPH STEWARD
Address Rt 3 Box 671 D
COEUR D'ALENE, IDAHO
Owner's Permit No. _____

7. WATER LEVEL

Department of Water Administration

Static water level 90 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

95-71-N-31

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other AIR

Discharge G.P.M. Draw Down Hours Pumped

5 gpm UNKNOWN

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal ☐ Industrial ☐ Stock

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>4 1/2</u>	<u>0</u>	<u>42</u>	<u>BRN SHALE W/IRSEEP</u>	<u>X</u>	
<u>6</u>	<u>42</u>	<u>105</u>	<u>GRAY SHALE DEEP</u>		<u>X</u>
<u>6</u>	<u>105</u>	<u>142</u>	<u>GRAY-WHITE SOFT SHALE</u>	<u>X</u>	
<u>6</u>	<u>142</u>	<u>197</u>	<u>GRAY SHALE</u>		<u>X</u>
<u>6</u>	<u>197</u>	<u>221</u>	<u>SANDSTONE</u>	<u>X</u>	
<u>6</u>	<u>221</u>	<u>280</u>	<u>GRAY BASALT</u>		<u>X</u>
<u>6</u>	<u>280</u>	<u>300</u>	<u>HARD SHALE OR BASALT</u>		<u>X</u>

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 300 feet

Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
_____ inches	<u>6</u> inches	<u>+1</u> feet	<u>104 1/2</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

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 _____

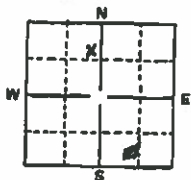
Placed from _____ feet to _____ feet

Surface seal? ☒ Yes ☐ No To what depth 19 feet

Material used in seal ☐ Cement grout ☒ Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.



County Kootenai
NE NW
50 % 50 % Sec. 9 T. 50 N. S. R. 3 E (W)

10.

Work started 9-4-71 finished 9-7-71

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is
true to the best of my knowledge.

COEUR D'ALENE DRILLING, INC. #214
Driller's or Firm's Name Number

1926 N. 5th - COEUR D'ALENE, IDA
Address

Ray Dillhoff 10-9-71
Signed By Date

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

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**WELL DRILLER'S REPORT
RECEIVED**

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

1. WELL TAG NO. D0022668 SEP 15 2002
Drilling Permit No: 784124
Other IDWR No. 750552 IDWR/North
Well Number: _____
Name GATHERER, TOM 455
Address 5400 PINE MT. LANE
City COEUR D'ALENE State ID Zip 83814
3. LOCATION OF WELL by legal description
sketch map location must agree with written location

N

	X	

E

Twp. 50N ☒ North or ☐ South
Rge. 3W ☐ East or ☒ West
Sec. 9 NE 1/4 NW 1/4 1/4

Gov't Lot _____ County kOOTENAI
Lat: _____ : _____ Long: _____ : _____

Address of Well Site FRENCH GULCH
City COEUR D' ALE

(Give at least name of road + Distance to Road or Landmark)

Lt.	Blk.	Sub. Name
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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	

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
4	-8	464	.160	PVC

Casing Limer Welded Threaded
☐ ☒ ☐ ☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

Screens	Screen Type
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
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97	97
98	98
99	99
100	100

From	To	Slot Size	Number	Diameter	Material	Casing	Line
424	464	1/8 X 6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

310 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 460 ft. Describe access port or control devices:

50N 3W 9

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6-7 EST.			1 HR

Water Temp. COLD	Bottom Hole Temp	COLD
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Water Quality test or comments: CLEAR

Depth first Water encountered 439

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448
Firm Official [Signature] Date 8-26-02
and
Supervisor or Operator [Signature] Date 8-26-02
(Sign Once if Firm Official and Operator)

Todd Morgan

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POU

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POD

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