

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 95-14042Date Received: 9-17-09Receipt No: 2022164Received By: cm

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

RECEIVED

SEP 17 2009

IDWR/North

1. Name of Claimant(s) test Glenn and or Valerie Bledsoe Phone (509) 220-4544Mailing Address P.O. Box 835 Rathdrum, Idaho City Rathdrum State Idaho Zip 838582. Date of Priority: (Only one per claim) 11-03-1998
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 53N Range 4W Section 30
NW 1/4 of NE 1/4, or Govt. Lot X18 BM. County of KootenaiParcel (PIN) no. 53N04W-30-0750Additional points of diversion if any: NAIf available, GPS coordinates: NA

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.

D0005522
Well completed 1998 connected to
one Home.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 01-01 to 12-31 amount .04 cfs ☒ or AFY ()For Stock water purposes from 01-01 to 12-31 amount .02 cfs ☒ or AFY ()7. Total Quantity claimed .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) One home / 5 head
mixed stock

9. Location of Place of Use is: Township 53N, Range 4W, Section 30,

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

If different than shown in Item 4

for (Check One) Domestic () Stock () Domestic and Stock (X)

Additional places of use, if any NA

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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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 (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) [Signature]

Date: 09-16-09

[Signature]

Date: 09-16-09

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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: : :	

1. WELL TAG NO. D0005522 **RECEIVED**
DRILLING PERMIT NO 96-98-N-248
Other IDWR No. NOV 13 1998

2. OWNER:
Name Marion Foster **IDWR/North**
Address 27075 Timberidge

City Rathdrum State ID Zip 83855

3. LOCATION OF WELL by legal description:

N
W X E
S
Twp 53N North ☒ or South ☐
Rge 04W East ☐ or West ☒
Sec 30 1/4 SW 1/4 NW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____

Address of Well Site: (see next line)

27075 end of Timber Ridge- Twin Lakes City Rathdrum
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	0	18	5 sacks	pour in

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 18'Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	2	-18	0.025	Steel	☒	☐	☒	☐
4	-10	200		PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method Drill☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
140	200		600	3/8"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

95 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 125 ft. Describe access port or
control devices: Steel cap welded

11. WELL TESTS

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
10-15	100%	195	2 hrs.

Water Temp. _____ cold Bottom hole temp. _____ cold
Water Quality test or comments: (below) Depth first Water Encountered 125
clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
8	0	1	Topsoil	☐ Y	☒ N
8	1	13	Brown granite - medium	☐ Y	☒ N
8	13	18	Purple/black/white granite - hard	☐ Y	☒ N
6	18	30	Purple/black/white granite - hard	☐ Y	☒ N
6	30	39	Brown & white granite - soft	☐ Y	☒ N
6	39	100	Purple/black/white granite - hard	☐ Y	☒ N
6	100	108	Brown & white granite - soft	☐ Y	☒ N
6	108	125	Purple/black/white granite - hard	☐ Y	☒ N
6	125	126	Purple/black/white granite - soft	☒ Y	☐ N
			water 10-15 gpm	☐ Y	☐ N
6	126	200	Purple/black/white granite - hard	☐ Y	☒ N

Completed Depth 200 (Measurable)Date: Started 11/2/98 Completed 11/3/98

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. Firm No 4-14Firm Official Timothy C. Beckham Date 11/10/98Supervisor or Operator Jason C. Beckham Date 11/10/98

FORWARD WHITE COPY TO WATER RESOURCES

106

53N 4W 30

BLEDSOE PIN 53N04W-30-0750

