

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 95-14070Date Received: 9-18-09Receipt No: ND22205Received By: DR

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) KIPLING ADAMS JR Phone (208) 762-2699Mailing Address 6808 E OTTIE MATCH ROAD HAYDEN ID Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) OCTOBER 18, 1994
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 Ka, Range 03 W Ka, Section 21 Ka,
SE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;Parcel (PIN) no. 4500 4500

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 ~ 130 FEET DEEP

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

For DOMESTIC USE 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) ONE SINGLE-FAMILY HOME, DOMESTIC USE

SCANNED

SEP 18 2009

9. Location of Place of Use is: Township S2N, Range 03W, Section 21,
SE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 4500

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: _____

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) Kathy Williams Date: 09/17/09

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

SCANNED

SEP 18 2009

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUse Typewriter
or
Ball Point PenFEB 11 1994
Department of Water Resources 092271. DRILLING PERMIT NO. 95-94-N-0001-000
Other IDWR No. _____

2. OWNER:

Name KIP ADAMS

Address 6430 PARK DRIVE

City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N	
X	
S	

T. 52 North ☒ or South ☐
R. 3 East ☐ or West ☒
Sec. 21 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County Kootenai

Address of Well Site OHIO MATCH ROAD

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

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	Sacks	Pounds	
BENTONITE					
WELL SEAL	0	18	150	1b	POURED

Was drive shoe seal tested? Y ☐ N ☐ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Casing	Liner	Steel	Plastic	Welded	Threaded
6	+2	138	.250			☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes _____

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method DOWN HOLE PERFORATOR
☐ Screens Type _____ Material STEEL

From	To	Slot Size	Number	Diameter	Tailpipe Size	Casing	Liner
60	80	1/8x	600	6"		☒	☐
		2"				☐	☐
						☐	☐
						☐	☐

SE NW 21 S2N 3W

10. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
10 to 15			

Temperature of water _____ Was a water analysis done? Yes ☐ No ☒

By whom? _____

Water Quality (odor, etc.) SILTY

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

25 ft. below surface Depth artesian flow found _____

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SV
8	0	3	TOP SOIL		
8	3	21	CLAY STONE TAN MED		
8	21	33	CLAY LIGHT BROWN SOFT		2
8	33	50	CLAY ORANGISH BROWN		
8	50	53	SILT STONE REDISH BROWN		
8	53	60	SILT STONE TAN MED		
8	60	82	SILT STONE W/GRAVEL W/WATER		
			APROX. 15 GPM SILTY	15	
8	82	115	SILT STONE TAN MED		
8	115	118	CLAY REDISH BROWN SOFT		
8	118	155	SILT STONE W/GRAVEL L TAN		
8	155	165	SILT STONE W/GRAVEL		
			WOULDN'T STAY OPEN		
			GRAVEL PACKED FROM 18 to		
			155 W/PEA GRAVEL		
			1.5 HR. DEVELOPING TIME		

RECEIVED

FEB 09 1995

JAN 14 1994

NORTHERN REGION

IDWR

Date: Started 1-3-94 Completed 1-4-94

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WELL SERVICE INC. Firm No. 448

Firm Official _____ Date 1-13-94

and _____

Supervisor or Operator _____ Date 1-12-94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

