

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 95-15406

Date Received: 5-19-09

Receipt No: 11020834

Received By: KK

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) BOMAR FAMILY REVOC LUG TRUST Phone () 683-2258

Mailing Address N-26628 GOOD HOPE RD ATHOL ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 8/1/2000
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 2W, Section 30
NW 1/4 of NW 1/4, or Govt. Lot 1 BM. County of KOOTENAI
Parcel (PIN) no. 53N02W303200

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.

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

For DOMESTIC purposes from JAN 1 to DEC 31 amount 0.02 cfs or AFY ()

For STOCK purposes from JAN 1 to DEC 31 amount 0.02

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 HOME 12 HEAD

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9. Location of Place of Use is: Township 53N, Range 2W, Section 30,
NW 1/4 of NW 1/4, Govt. Lot 1 BM. Parcel (PIN) no. _____
If different than shown in Item 4

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

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) George W. Bonar Trustee Date: 5-19-09

Date: _____

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. _____

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Form SEP 08 2000
11/97

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

IDWR/North

1. WELL TAG NO. D 0013621

DRILLING PERMIT NO.

Other IDWR No. 765884

2. OWNER:

Name Rick Bomar

Address E 12782 Bunco Rd

City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
X
W
E
S

Twp. 53 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 30 1/4 NW 1/4 NW 1/4
Gov't Lot County Kootenai
Lat. : : Long. : :
Address of Well Site same
City

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

Lt. Bk. Sub. Name

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 Sacks or Pounds	METHOD
Material	From	To		
bentonite	0	18	4	overbore

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	Casing	Liner	Welded	Terraced
6	+1 1/2	18 1/2	250	steel	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

Perforations Method
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure lb.
Depth flow encountered ft. Describe access port or control devices: cap

53 N 2 W 30

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only
Inspected by
Twp Rge Sec
1/4 1/4 1/4
Lat. : : Long. : :
☒ Air ☐ Flowing Artesian

11. WELL TESTS:

☐ Pump ☐ Bailor

Yield gal/min.	Drawdown	Pumping Level	Time
4		520	2hr

Water Temp. cold

Bottom hole temp.

Water Quality test or comments: clear

Depth first Water Encounter 121

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	14	sand&gravel			
	14	18	salt&pepper granite			
	18	25	" " "			
	25	31	soft salt&pepper			
	31	55	salt&pepper granite			
	55	60	soft salt&pepper			
	60	79	firm " "			
	79	83	soft " "			
	83	110	firm " "			
	110	113	soft " "			
	113	121	firm " "			
	121	133	soft " "			X
	133	143	firm " "			
	143	145	soft broken salt&pepper			
	145	220	firm salt&pepper			
	220	225	soft " "			
	225	283	firm " "			
	283	285	soft " "			
	285	316	firm " "			
	316	320	soft " "			
	320	380	firm " "			
	380	383	soft " "			
	383	398	firm " "			
	398	400	soft " "			X
	400	410	firm " "			
	410	418	soft " "			X
	418	450	firm " "			
	450	458	soft " "			
	458	470	firm " "			
	470	475	soft " "			
	475	520	firm " "			

Completed Depth 520ft (Measurable)
Date: Started 7-31 Completed 8-1-00

13. DRILLER'S CERTIFICATION

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

Company Name Bronson Water Wells Firm No. 360

Firm Official Clint Bronson Date 8/8/00

and

Driller or Operator Date

(Sign once if Firm Official & Operator)

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