

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 95-14264Date Received: 10/2/9Receipt No: NO22310Received By: Lee

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 ^{son}1. Name of Claimant(s) John Matheson/Nancy Matheson Phone (208) 773 5928Mailing Address 13630 W. Matheson Rd. Hauser ID. Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 10-18-1995
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 S1N, Range 5W, Section 6,
SW 1/4 of NW 1/4, or Govt. Lot 5 BM. County of Kootenai County
Parcel (PIN) no. -4410

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 and Pump

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 .02 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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 House Hold

SCANNED

OCT - 2 2009

9. Location of Place of Use is: Township 51 N, Range 5 W, Section 6,
SW 1/4 of NW 1/4, Govt. Lot 5 BM. Parcel (PIN) no. _____
for (Check One) Domestic ☒ Stock () Domestic and Stock () If different than shown in Item 4

Additional places of use, if any Kootenai ~~SW~~

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: 1

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) John Matheson Date: 10-2-09

Nancy Matheson Date: 10-2-09

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. _____

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OCT - 2 2009

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: _____ Long: _____

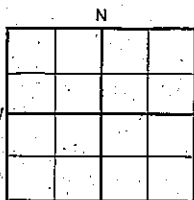
1. DRILLING PERMIT NO. 95-95-N-186

Other IDWR No. _____

2. OWNER:

Name John & Nancy MathesonAddress 9615 N Matheson RdCity Post Falls State Idaho Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.Twp. 51 N North ☐ or South ☐Rge. 5 W East ☐ or West ☐Sec. 6 SW 1/4 1/4 NW 1/4Gov't Lot 345 County Kootenai

Lat: _____ Long: _____

Address of Well Site MATHESON RDCity HAUSER LAKE

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

Lt. _____ Blk. _____ 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		METHOD
Material	From	To	Sacks or Pounds		
Play-Bonito	0	37	2		Bentonite

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	Threaded
8	0	37	.250	Steel	☒	☐	☒	☐
4	25	425		PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SAW - 60'☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
360	425			4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

110 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or

control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8-10 gpm		120	

Water Temp. 46° Bottom hole temp. _____Water Quality test or comments: good

Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
6"	0	30	GRAY		X
	30	120	BRN GRANITE		X
	120	210	GRAY GRANITE		X
	210	225	BRN GRANITE	X	
	225	300	GRAY GRANITE		X
	300	385	BLK-BRN GRANITE		X
	385	410	BRN GRANITE		X
	410	425	GRAY GRANITE	X	
	425		stopped		

Completed Depth 425 (Measurable)Date: Started 10-17-95 Completed 10-18-95

13. DRILLER'S CERTIFICATION

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

Firm Name Blue Water Drilling Firm No. 452Firm Official John Carson Date 10-18-95

and _____

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES