

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 95-14278Date Received: 4/28/10Receipt No: NO24201Received By: Kan

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

- Name of Claimant(s) John and/or Christie Thomas Phone 208-689-9218
Mailing Address P.O. Box 220, Worley, ID Zip 83876-0220
Street or Box City State
- Date of Priority: (Only one per claim) Sept 27, 2005
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____
- Location of Point of Diversion is: Township (47N) 47N, Range 47W, Section 04,
SW 1/4 of NE 1/4, or Govt. Lot 4 BM. County of Kootenai;
Parcel (PIN) no. 0174 00000010
Additional points of diversion if any: _____
If available, GPS coordinates: _____
- 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
- 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 .04 cfs() or AFY()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed .04 cfs ☒ or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership; Stockwater and Number of livestock) one home

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APR 28 2010

9. Location of Place of Use is: Township 47 N, Range 4 W, Section 04,
SW 1/4 of NE 1/4, Govt. Lot 4 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 _____

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) Christie L. Thomas Date: 4-28-10

_____ 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0040836
DRILLING PERMIT NO. 836303
Water Right or Injection Well No. _____2. OWNER: John Thomas
Name John Thomas
Address Box 220
City Worley State ID Zip 83876

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 47 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 4 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County KootenaiLat: _____ Long: _____
Address of Well Site Cotton Wood Bay + 24864
City Worley

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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>15 Scks</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 5' 8"Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-58"</u>	<u>280</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>-85"</u>	<u>1600</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>45</u>	<u>85</u>	<u>1"</u>	<u>48</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

48 ft. below ground Artesian pressure _____ lb.Depth flow encountered 50 ft. Describe access port or control devices: Cap

Office Use Only

Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>100</u>			<u>2 hrs</u>

Water Temp. 48° Bottom hole temp. _____Water Quality test or comments: milky 170 odorDepth first Water Encounter 5'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia From To Remarks: Lithology, Water Quality & Temperature Y N

<u>8"</u>	<u>0</u>	<u>55</u>	<u>Broken Basalt</u>	<u>-</u>
<u>6"</u>	<u>55</u>	<u>90</u>	<u>Broken Basalt</u>	<u>-</u>

RECEIVED
OCT 04 2005
IDWR/NorthCompleted Depth 85 (Measurable)Date: Started 9/26/05 Completed 9/27/05

14. DRILLER'S CERTIFICATION

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

Company Name Always Drilling Inc Firm No. 574Principal Driller Shaun Wolfe Date 9/28/05and Driller or Operator II D. H. Borchert Date 9/28/05Operator I _____ Date APR 28 2010

Principal Driller and Rig Operator Required.

47N 4W 4