

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 95-14300

Date Received: 10/5/09

Receipt No: N022337

Received By: KE

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) Tom and/or Marie Flanagan Phone 208-699-7200

Mailing Address 11469 W. Gull Harbor Ct. Post Falls ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 11-21-03
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 50N, Range 5W, Section 10,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 0-2480-001-001-A

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 & 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 Jan. 1 to Dec. 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 home

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9. Location of Place of Use is: Township 50 N, Range 5 W, Section 10,
NE 1/4 of NE 1/4, Govt. Lot _____ 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 (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: 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) Thomas R. Hansen Date: 10-5-09
Marek Hansen Date: 10-5-09

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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IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0033322
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:

Name Tom Flanagan
 Address 11501 West Gull Harbor Court
 City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description:

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

Twp. 50 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 10 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site Crystal Bay Rd

City Post Falls

Lot _____ Blk _____ Sub. Name Falls River Homes
1st Addition

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>18</u>	<u>200lbs</u>	<u>surface pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>18</u>	<u>250</u>	<u>steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-5</u>	<u>705</u>	<u>160</u>	<u>pvc</u>	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type shale trap -45ft

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>645</u>	<u>685</u>	<u>1/8x5</u>	<u>60</u>	<u>4</u>	<u>pvc</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>2 1/2</u>		<u>705</u>	<u>2hr</u>

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 415-4

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>8</u>	<u>fill & boulders</u>		
	<u>8</u>	<u>18</u>	<u>firm salt&pepper granite</u>		
<u>6</u>	<u>18</u>	<u>223</u>	<u>firm salt&pepper</u>		
	<u>223</u>	<u>224</u>	<u>soft salt&pepper</u>		
	<u>224</u>	<u>415</u>	<u>firm salt&pepper</u>		
	<u>415</u>	<u>450</u>	<u>soft broken salt&pepper</u>	<u>x</u>	
			<u>some green granite</u>		
	<u>450</u>	<u>468</u>	<u>firm salt&pepper</u>		
	<u>468</u>	<u>473</u>	<u>softer salt&pepper</u>	<u>x</u>	
	<u>473</u>	<u>510</u>	<u>firm salt&pepper</u>		
	<u>510</u>	<u>512</u>	<u>soft salt&pepper</u>		
	<u>512</u>	<u>705</u>	<u>firm salt&pepper</u>		

Completed Depth 705ft (Measurable)

Date: Started 11-10 Completed 11-21-03

14. 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

Principal Driller Clint Bronson Date 11/25/03

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required
 Operator I must have signature of Driller/Operator II.

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