

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 95-14312Date Received: 10-6-09Receipt No: NO 22354Received By: am **RECEIVED**

NOTICE OF CLAIM TO A WATER RIGHT

OCT - 6 2009

ACQUIRED UNDER STATE LAW

IDWR/North

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) GARY F ANDOR BARBARA J FRANKIN Phone 208 987-0019 or 18

Mailing Address 15449 W KOKANEE RD NOBLE Id Zip 83876
Street or Box City State

2. Date of Priority: (Only one per claim) 06-30-1999
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 48N, Range 5W, Section 16,
SE of 1/4 of NW 1/4, or Govt. Lot _____ BM. County of _____;

Parcel (PIN) no. 0-4490-002-001-0

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.

D-0010159 Well Completed 1999
Connected to 1 home, Farm Bldgs.

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

For Domestic purposes from 01-01 to 12-31 amount .04 cfs or AFY ()

For Stock Water purposes from 01-01 to 12-31 amount .02

7. Total Quantity claimed .06 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 25 head Mixed
Stock

SCANNED

OCT - 6 2009

9. Location of Place of Use is: Township 48N, Range 5W, Section 16,

SE 1/4 of NW 1/4, Govt. Lot _____ 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 M.A.

10. In which county (ies) are lands listed above as place of use located? Kootenai County

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: 3

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) [Signature] Date: 9-1-09

Barbara J Franklin Date: 9-1-09

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 - 6 2009



A Touchstone Energy® Cooperative 

PCS

09/01/09 CONSUMER INQUIRY inp037.p

1382423 Franklin, Gary F W Kokanee Rd 15449 inp037a0

PAGE: 2 ADDRESS - APPLICANT - 2 RECS

> P	Franklin, Gary F	*15449 W Kokanee Rd	534-50-1377
CA	Franklin, Barbara J	*15449 W Kokanee Rd	

APPLICANT

PREFIX:	EMPLOYER:
FIRST: Gary	
MIDDLE: F	
LAST/CO: Franklin	TITLE:
SUFFIX:	RELATION:
SSN/EIN: 534-50-1377	WORK PH: (509)489-9313
LICENSE:	WORK EXT:
STATE:	OTHER: (000)987-0019
DOB:	MOBILE PH:
HOME PH: (509)489-9313	EMAIL:
PREV ADDR:	UNLISTED: no
	CODE: A CONN DT: 05/21/99

ENTER NEXT PAGE, <F4>EXIT, <96>MNT, <98>RESELECT, OR <99>OPTIONS: 1

<97>TOGGLE

Enter data or press F4 to end.

fax 762-2819 - Shawn Maxey

Form 238-7
RECEIVED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

JUL 13 1999
1. WELL TAG NO. D 0010159

DRILLING PERMIT NO. 95-99-N-86
OWNER DOWNHILL

2. OWNER:

Name Gary Franklin
Address E. 1118 Olympic
City Spokane State WA Zip 99207



3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N				
	X			
S				

Twp. 48 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 16 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site Kokanee Road
City _____

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

Lt. 1 Bk. 2 Sub. Name Lake Creek Est.

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		
Bentonite	0	28	500#		overbore
Cement Grout	0	38	800#		pumped

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 8" -- 28'

Was drive shoe seal tested? ☒ Y ☐ N 6" -- 38'

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+2	28	250	Steel	☒	☐	☐	☐
6"	+2	38	250	Steel	☒	☐	☐	☐
4"	9	109	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method

☒ Screens

Screen Type PVC Cont. Wound

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
109	119	10		4"	PVC	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

076681

11. WELL TESTS:

☐ Pump ☐ Bailer

☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30 gpm	100%		

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 56'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	12	Clay, brown & tan		X
10	12	16	Clay, tan		X
10	16	26	Silt, white, green, wet		X
10	26	28	Basalt, soft		X
8	28	38	Basalt, hard, black		X
6	38	56	Basalt, hard, black		X
6	56	59	Basalt, brkn, w/grn clay 2gpm	X	
6	59	61	Basalt, medium		X
6	61	63	Basalt, brkn w/grn clay 3gpm	X	
6	63	74	Basalt, drk grey, hard		X
6	74	88	Basalt, drk grey medium		X
6	88	94	Basalt, very hard, grey		X
6	94	105	Basalt, soft, black		X
6	105	106	Basalt, soft w/yellow clay		X
6	106	126	Basalt, gravel washed w/clay		
			hard 25+ gpm	X	

Completed Depth 126'
Date: Started 6/28/99 Completed 6/30/99 (Measurable)

13. DRILLER'S CERTIFICATION

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

Company Name McCarty Drilling & Pump Firm No. 586

Firm Official Bud McCarty Date 7-5-99

and Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

48N 5W 16

FORWARD WHITE COPY TO WATER RESOURCES

FRANKLIN PIN 0-4490-002-001-0

