

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 95-4353Date Received: 5/8/10Receipt No: NOT 255Received 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

RECEIVED

MAY 05 2010

IDWR / NORTH

1. Name of Claimant(s) James ^{And} Nanaj King Phone (208) 769-9590Mailing Address 7619 W Saussur CDA ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 1 Jan 1994
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 49N, Range 4W, Section 05,
NE 1/4 of NW 1/4, or Govt. Lot 3 BM. County of Kootenai;
Parcel (PIN) no. 49N04W-05-2950Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

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 95-93-N-89-000 completed 1993
Connected to new home, barn + spigots

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 .027. Total Quantity claimed .04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) One house and 10 head mixed
Stock

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9. Location of Place of Use is: Township 49N, Range 4W, Section 05,
NE 1/4 of NW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. _____

for (Check One) Domestic () Stock () Domestic and Stock (X) If different than shown in Item 4

Additional places of use, if any N/A

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 (X) 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: 2

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) Nancy L King Date: Mar 29, 2010

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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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 19 1993

USE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

RECEIVED

JUN 28 1993

NORTHERN REGION
SANDER

1. WELL OWNER

Name MR WALTER TORLEY
Address 2152 VIA AGUILA SAN CLEMENTE CA 92673
Drilling Permit No. 95-93-N-89-000
Water Right Permit No. _____

7. WATER LEVEL

Static water level 30 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality GOOD
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures
such as liners, screen, materials, plug depths, etc. in lithologic
log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
3 GPM		

3. PROPOSED USE

- ☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

89395

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	3	TOPSOIL		X
10	3	19	GRANITE DECOMPOSED BROWN		X
6	19	75	GRANITE BROWN/WHITE/MICA MED SOFT		X
6	75	119	GRANITE BLACK & WHITE W/WATER ON TOP APX 2 GPM	X	
6	119	130	GRANITE BLACK & WHITE W/GREEN HARD		X
6	130	143	GRANITE WHITE & BLACK & BROWN MED		X
6	143	154	GRANITE BLACK & WHITE W/ROSE MED		X
6	154	164	GRANITE BLACK & WHITE W/GREEN MED		X
6	164	175	GRANITE BLACK W/GREEN MED		X
6	175	189	GRANITE BLACK & WHITE HARD		X
6	189	212	GRANITE GREENISH BLACK W/ WHITE MED		X
6	212	218	GRANITE BLACK & WHITE W/ROSE MED		X
6	218	260	GRANITE WHITE & BLACK HARD		X
6	260	284	GRANITE BLACK & WHITE MEDIUM		X
6	284	315	GRANITE BLACK & WHITE W/ROSE		X
6	315	325	GRANITE WHITE W/GREEN MED W/ WATER APX. 1 GPM	X	
6	325	335	GRANITE WHITE BLACK W/VIOLET		X
6	335	340	GRANITE GRAY MED HARD		X

4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness Diameter From To
.250 inches 6 inches + 2 feet 19 feet
Class 20 inches 4 inches - 8 feet 340 feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? Skill Saw ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/3 inches by 4 inches
Number From To
70 perforations 300 feet 340 feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

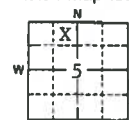
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAIAddress of Well Site CARNIE ROAD

(give at least name of road)

NE 1/4 NW 1/4 Sec. 5 T. 49 N ☒ or S ☐
R. 4 E ☐ or W ☒

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were
compiled with at the time the rig was removed.Firm Name H2O WELL SVC INC Firm No. #443Address 582 W EAYDEN AVE Date 06/18/93Signed by Drilling Supervisor [Signature]

and

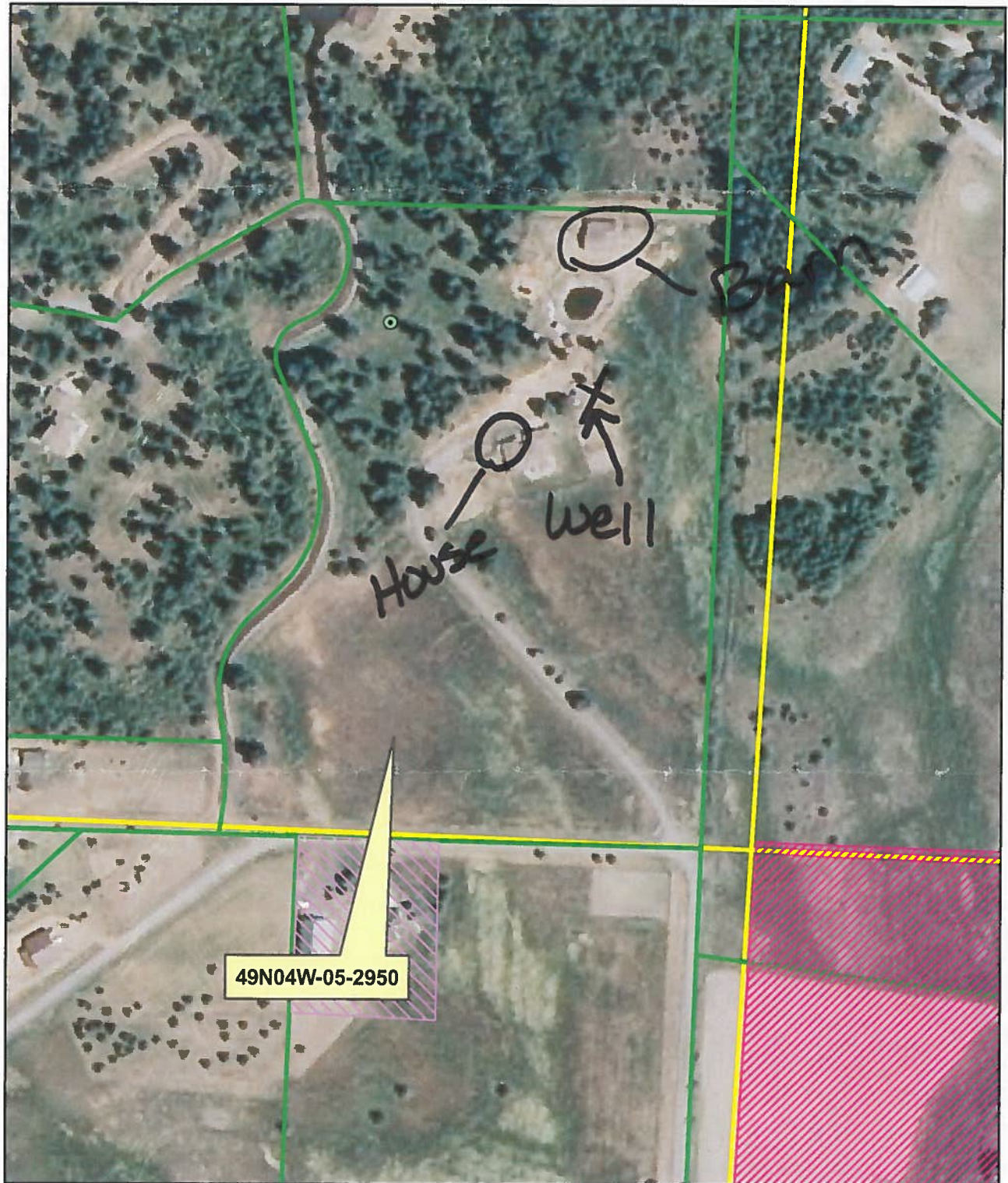
(Operator) [Signature]

(If different than the Drilling Supervisor)

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KING PIN 49N04W-05-2950



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