

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 95-14136Date Received: 9/18/2009Receipt No: N022181Received By: Am

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) Robert B. Shanley M. Rountree Phone 208 687-1716Mailing Address Bx 676 Rathdrum ID Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) May 31 2000
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 53 North Range 4 west Section 30
SW 1/4 of any 1/4, or Govt. Lot _____ BM. County of KootenaiParcel (PIN) no. 53N04W-30-1500Additional 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.

submersible well pump into 1 1/2" pipe to home
96-91-N-125 well connected to 1 home May 2000

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 _____ purposes from _____ to _____ amount _____

7. 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) 1 household

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9. Location of Place of Use is: Township 53 North, Range 4 West, Section 30

SW 1/4 of NE 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 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 ☒ 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:

Current physical address is 26874 Cedar Ridge
Ln. Rathdrum ID 83858

Priority date is date of 1st electrical use per Kootenai Elect.

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: 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) Robert Brown Date: 9-18-09

Harri M. Campbell Date: 9/18/09

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE 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.

1. WELL OWNER Name <u>THURMAN GIBSON</u> Address <u>P.O. BOX 490</u> <u>RATHDRUM, ID 83858</u> Drilling Permit No. <u>96-91-N-125</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>155</u> 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 <u>GOOD</u> <i>Describe artesian or temperature zones below.</i>																																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>5 ESTIMATED</u></td><td><u>825</u></td><td><u>2</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>5 ESTIMATED</u>	<u>825</u>	<u>2</u>																																								
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>8</u></td><td><u>0</u></td><td><u>2</u></td><td>TOP SOIL</td><td> </td><td><u>X</u></td></tr><tr><td> </td><td><u>2</u></td><td><u>18</u></td><td>DECOMPOSED GRANITE</td><td> </td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>18</u></td><td><u>105</u></td><td>DECOMPOSED GRANITE</td><td> </td><td><u>X</u></td></tr><tr><td> </td><td><u>105</u></td><td><u>210</u></td><td>DOLEAMITE</td><td><u>X</u></td><td> </td></tr><tr><td> </td><td><u>210</u></td><td><u>565</u></td><td>B&W GRANITE</td><td> </td><td><u>X</u></td></tr><tr><td> </td><td><u>565</u></td><td><u>825</u></td><td>HARD GRANITE</td><td><u>X</u></td><td> </td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>8</u>	<u>0</u>	<u>2</u>	TOP SOIL		<u>X</u>		<u>2</u>	<u>18</u>	DECOMPOSED GRANITE		<u>X</u>	<u>6</u>	<u>18</u>	<u>105</u>	DECOMPOSED GRANITE		<u>X</u>		<u>105</u>	<u>210</u>	DOLEAMITE	<u>X</u>			<u>210</u>	<u>565</u>	B&W GRANITE		<u>X</u>		<u>565</u>	<u>825</u>	HARD GRANITE	<u>X</u>	
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED SEP 06 1991 Department of Water Resources 101535 AUG 29 1991 RECEIVED DIVISION IDWR																																															
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>20</u> feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ 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 <u>20</u> 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 _____				Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>20</u> feet													Number	From	To																							
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location <table border="1"><tr><td>N</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>X</td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td><td></td><td></td></tr></table> County <u>KOOTENAI</u> Subdivision Name _____ Lot No. _____ Block No. _____ SW ☐ NE ☐ Sec. <u>30</u> T. <u>53N</u> S ☐ R. <u>4W</u> W ☐		N							X			W				E											S					10. Work started <u>8/20/91</u> finished <u>8/26/91</u>																	
N																																																	
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W				E																																													
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11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>UNITED DRILLING INC.</u> No. <u>414</u> Address <u>P.O. BOX 2499</u> Date <u>8/28/91</u> <u>CDA, ID 83814</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u>																																																	

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

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ROUNTREE PIN 53N04W-30-1500



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