

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 95-14149Date Received: 7/31/09Receipt No: 0021583Received By: LC

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) Harold MARPLES Phone 208 660 5305Mailing Address PO Box 578 Hayden Lake ID Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) ~~73407~~ DEC. 31 1998
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (x) (a) Well
which is tributary to (b) _____4. Location of Point of Diversion is: Township 52 N, Range 03 W, Section 18,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of _____;Parcel (PIN) no. ~~01300-000-003-0-0800~~Additional points of diversion if any: SW corner Chilco Rd & Old Hwy 95

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

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 1.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 1.04 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 HOME

SCANNED

JUL 31 2009

9. Location of Place of Use is: Township 52 N, Range 03 W, Section 18,
NW 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 01298-001-001-0
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:
WE HAVE RIGHT TO WATER THROUGH PROPERTY CC & R'S
LOCATED ON LARRY DONE'S PROPERTY

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) Harold Morp Date: 7/3/09

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ 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. _____

SCANNED

JUL 31 2009

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :

Drilling Permit No: 840138
Other IDWR No.

Well Number:
1169

Address PO BOX 578

City HAYDEN State ID Zip 83835

3. **LOCATION OF WELL** by legal description

sketch map location must agree with written location



Twp. 52 ☒ North or ☐ South
 Rge. 03 ☐ East or ☒ West
 Sec. 18 NE 1/4 NW 1/4 1/4
 Gov't Lot _____ County KOOTENAI
 Lat. : : Long. : :
 Address of Well Site 3762 CHILCO RD
 City ATHOL

(Give at least name of road to well site) _____

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

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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	350	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) RB

Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material
6	2	102	.250	STEEL

Casing ☒ Liner ☐ Welded ☒ Threaded ☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations	Method
Screens	Screen Type

[illegible]

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
75 ft below ground

75 ft. below ground Artesian pressure _____ lb.
Depth flow encountere _____ ft. Describe access port or
control devices: WELD ON CAP

52 N 3W 18

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20			2.5

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLOUDY

Depth first Water encountered 90

12. LITHOLOGIC LOG: (Describe repairs or abandonmen

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	P
8	0	2	TOPSOIL	☐	☒
8	2	77	SAND AND GRAVEL	☐	☒
8	77	90	SAND AND GRAVEL W/ CLAY	☒	☐
8	90	105	BROKEN SHALE	☒	☐

RECEIVED
JUN 29 2006
IDWR/North

Completed Depth 105 (Measurable)
Date: Started 6/7/2006 Completed 6/8/2006

13. DRILLER'S CERTIFICATION

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

Firm Name **H2O WellService, Inc.** Firm No. **448**

Firm Official Thomas R. Hall Firm No. 448
and Date 6-14-06
Supervisor or Operator Todd Morgan Date 06/09/06
TODD MORGAN (Sign Once if Firm Official and Operator)

Supervisor or Operator TODD MORGAN Date 06/09/06
TODD MORGAN (Sign Once if Firm Official and Operator)