

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 95-14165

Date Received: 9/28/9

Receipt No: N-022262

Received By: Ker

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) JAMES M. & JUDITH N. KEANE Phone (208) 223 0824

Mailing Address 3916 SW COUNCIL CREST DR PORTLAND Zip 97239
Street or Box City OR State

2. Date of Priority: (Only one per claim) NOV 23 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 49, Range 04W, Section 23,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;

Parcel (PIN) no. 04480007004A

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 - 300FT PUMP - INST. NOV 1999

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) ONE

SUBMITTED

SEP 28 2009

9. Location of Place of Use is: Township 49, Range 04W, Section 23,
NW 1/4 of Nat 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 5

If different than shown in Item 4

for (Check One) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

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

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 ()

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 () 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) Justin Kears

Date: 9-28-09

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. 95-14165

SCANNED

SEP 28 2009

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT 76786
RECEIVED

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

1. WELL TAG NO. D10883 DEC 01 1999

Drilling Permit No:

Other IDWR No. 95-99-N-202 DWR/North

2. OWNER

Name KEANE, MIKE

Well Number:

981

Address 3916 SW COUNCIL

City PORTLAND

State OR

Zip 97201

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

	X		

Twp. 49 ☒ North or ☐ SouthRge. 04 ☐ East or ☒ West

Sec. 23 1/4 NE 1/4 NW 1/4

Gov't Lot County KOOTENAI

Lat: : : Long: : :

Address of Well Site DEL CARDIO BAY

City CDA

(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	5 SACKS	DRY GRANULAR

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☒	☐	☒	☐
4	-2	300	.160	PVC	☐	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
260	300	1/8X6	100	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

135 ft. below ground Artesian pressure lb.

Depth flow encountered ft. Describe access port or

control devices: Bolt on Cap

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
4			2 HR.

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments:

Depth first Water encountered 75'

12. LITHOLOGIC LOG:(Describe repairs or abandonment

Sore Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	4	Gravel Fill	☐	☒
8	4	8	Topsoil	☐	☒
8	8	18	Decomposed Granite	☐	☒
6	18	74	Decomposed Granite	☐	☒
6	74	89	Granite White Green Black	☒	☐
6	89	170	Granite White Copper Soft	☐	☒
6	170	184	Clear Crystals	☒	☐
6	184	271	Granite W/Crystals & Mica	☐	☒
6	271	300	Granite Black W/White	☐	☒

Completed Depth 300' (Measurable)

Date: Started 11/22/99 Completed 11/23/99

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 Well Services, Inc. Firm No. 448

Firm Official Date 11/23/99

and Supervisor or Operator Date 11/23/99

(Sign Once if Firm Official and Operator)

(Todd Morgan)

49 N 4 W 23