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IDWR/NORTHERN

**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 95-14177Date Received: 4-16-2010Receipt No: N024108BReceived By: RJ**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) Kevin J. Howard Phone (208) 686-1494Mailing Address 2869 W. ConKling Rd. Worley, ID Zip 83876
Street or Box City State2. Date of Priority: (Only one per claim) June 6/15/1998 9-22-97 KJH
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 47N, Range 04W, Section 26,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 2200 & 2000Additional points of diversion if any: None

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.

Depth - 380', 2 hp Submersible pump, Approx. 10 GPM @
the surface, 1 1/2" line to House and to Barn

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

For Domestic purposes from 1/01 to 12/31 amount .04
Month/Day Month/Day cfs () or AFY ()For Stock purposes from 1/01 to 12/31 amount .027. 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) One household and 25 head of livestock.

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9. Location of Place of Use is: Township 47N, Range 04W, Section 26,

SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 2200 \$ 2000
If different than shown in Item 4

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

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 (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:

Well permit No. 754586, Tag No. D0003450, Started using
Water from this well for House construction. Completed in 2000.

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) Ken J. Howard Date: 4-16-10

_____ 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 Howard Identification No. _____

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Form 238-7
7/94 001 21 1997



WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

097851

Southern Region
IDWR

1. DRILLING PERMIT NO. 95-97-N-0111-000
Other IDWR No. well tag: 00003350

2. OWNER:
Name Christopher maher
Address 2150 W. Riverview
City Post Falls State Id. Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>50</u>		North ☒ or South ☐	
E		Rge. <u>05</u>		East ☐ or West ☒	
S		Sec. <u>09</u>		1/4 <u>SW</u> 1/4 <u>NW</u> 1/4	
W		Gov't Lot		County <u>Kootenai</u>	

Address of Well Site same as above
City _____
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
Bentonite	0	38	200 lbs	Pressure Grout	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	250	Steel	☒	☐	☒	☐
4	-5	200	200psi	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skilsaw
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
160	200	1/4"	60	4"	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12 gpm	Air test	approx.	

Water Temp. 57° Bottom hole temp. _____
Water Quality test or comments: Excellent

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	10	Sand, clay, cobble		X
10"	10	30	Decomposed granite, tan		X
10"	30	38	Granite, tan-grey; soft		X
6"	38	90	Granite, grey, med; frac		X
6"	90	130	Granite, salt & pepper, med.		X
6"	130	150	Granite, grey & purple; med, slightly frac.		
6"	150	170	Granite, grey, med, slightly frac.		X
6"	170	200	Granite salt & pepper, frac. w/ water		X

Completed Depth 200' (Measurable)
Date: Started 9/22/97 Completed 9/22/97

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 Vermillion Well Drilling, Inc. Firm No. 467
Firm Official Keith D. Vermillion Date 10/10/97
and
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

SWNW 9 50N 5W
FORWARD WHITE COPY TO WATER RESOURCES

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47N04W26SENE

WELL

POU

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