

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 95-14707

Date Received: 11-18-09

Receipt No: 1022903

Received By: cmj

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NOV 18 2009

IDWR/North

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) EDMONDSON, ANTHONY M. & KIMBERLY J. Phone (208) 772-4401

Mailing Address 16281 N. Pinewood Way Hayden, ID ZIP 83835

2. Date of Priority (Only one (1) per claim) FEBRUARY 26, 1988
Month Day Year (YYYY)

3. Source of water supply (Check one) ☒ WELL Ground Water () or Other () (a) _____

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 52N, Range 3W, Section 30,
SE, 1/4 of SW, 1/4 Govt. Lot 1, BM., County of KOOTENAI

Parcel (PIN) no. 0-0020-005-001-D

Additional points of diversion if any: ALPINE MEADOWS, E2-LT 1 EX N1/3 BLKS

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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.

190' ~~200'~~ Deep well with pump. No changes or enlargements have been made at least since February 26, 1988-most likely never (since drilled * Well Driller's Report attached 082978)

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Stockwater purposes from Jan 1 to Dec 31 amount .02 or _____

For Domestic purposes from Varies to Varies amount .03 or _____

For ~~Aesthetic~~ KE purposes from ~~May 1~~ to ~~Aug 30~~ amount ~~.02~~ or KE

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .07 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Stockwater: up to 10 head of cattle, 10 horses & 5 hogs. →
Domestic: varies if community system is down - supplies 1 home currently.

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
52N	3W	30											D						.03
52N	3W	30											SW						.02
~~52N~~	~~3W~~	~~30~~											~~A~~ <u>KE</u>						~~.02~~ <u>KE</u>

Parcel (PIN) no(s) 0-0020-005-001-D

Total number of acres irrigated 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 your 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: Well driller's report attached.

Last Name EDMONDSON

Identification No. _____

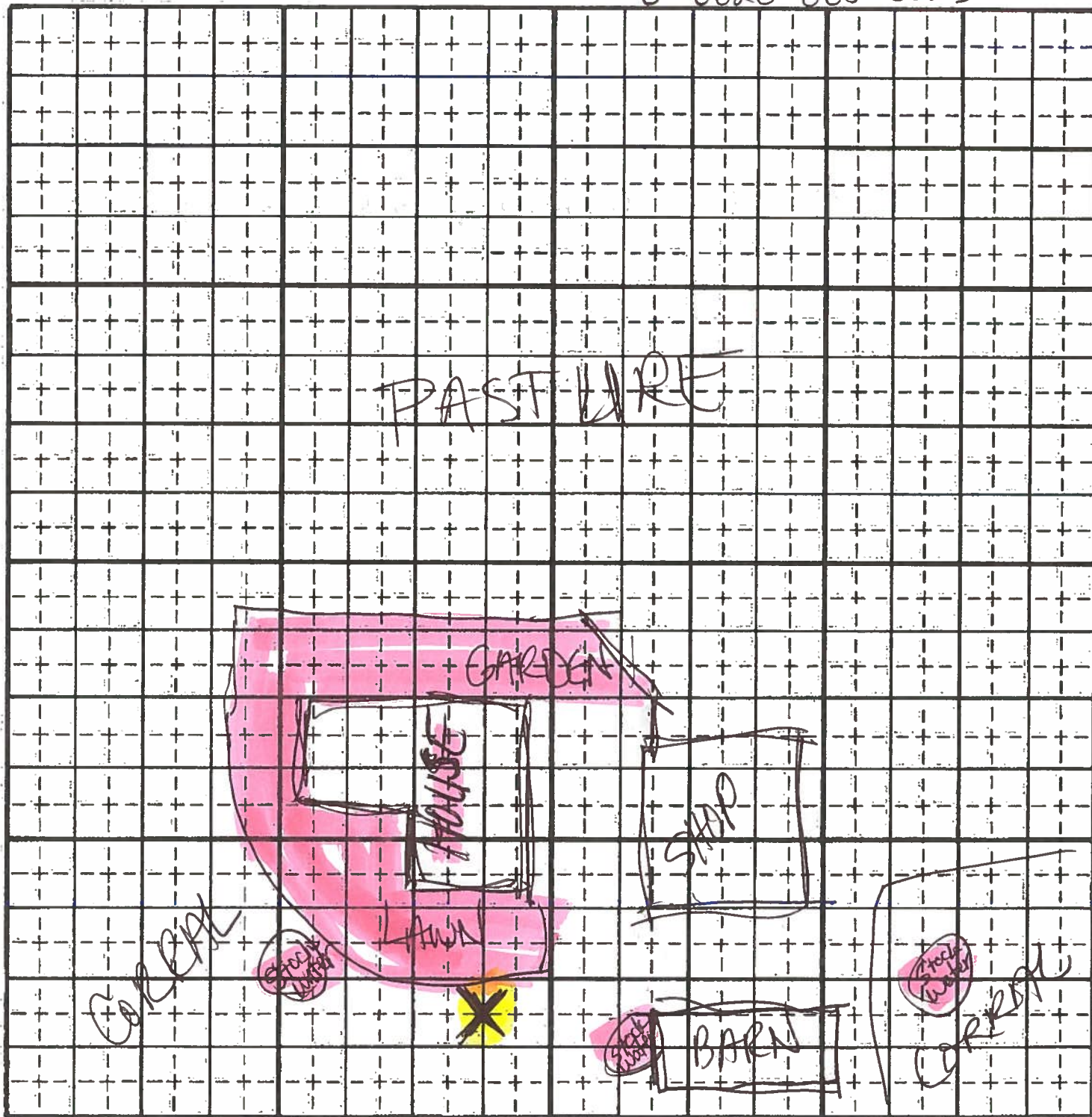
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Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

~~Scale: 2 inches equals 1 mile~~

Not to scale 52N 3W 30
0-0020-005-001-D



SE 1/4 SW 1/4 Sec. 30,
T. 52 N, R. 3 W

Last Name EDMONDSON

Identification No. _____

PLACE OF USE
WELL



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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: 3

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) Kyibechy J Edmondson Date: 11/5/09
Anna Edmondson Date: 11/5/09

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 EDMONDSON Identification No. _____

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W611



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Google maps Address



MEM

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11/17/2009

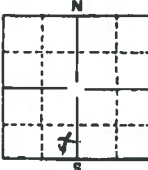
USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

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
SEP 25 1978

1. WELL OWNER Name <u>ALAN D. OR JUDITH Y. GORDON</u> Address <u>P.O. Box 1385 Coa. Ida.</u> Owner's Permit No. <u>95-78-N-110</u>		7. WATER LEVEL Static water level <u>35</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature <u>COLD</u> ° F. Quality <u>EX</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☒ Cap ☐ Plug																																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>AIR</u> Discharge G.P.M. <u>35</u> Draw Down <u>—</u> Hours Pumped <u>1 hr.</u>																																															
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole 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>0</td><td>0</td><td>4</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>4</td><td>13</td><td>Gray Clay</td><td></td><td>X</td></tr><tr><td></td><td>13</td><td>23</td><td>Dark Gray Clay</td><td></td><td>X</td></tr><tr><td></td><td>23</td><td>59</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>59</td><td>59</td><td>Gravel</td><td></td><td></td></tr><tr><td>6</td><td>59</td><td>190</td><td>Gravel</td><td></td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	0	0	4	Brown Clay		X		4	13	Gray Clay		X		13	23	Dark Gray Clay		X		23	59	Brown Clay		X		59	59	Gravel			6	59	190	Gravel		
Hole Diam.	Depth		Material		Water																																												
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	23	59	Brown Clay		X																																												
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6	59	190	Gravel																																														
4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																	
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>190</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness _____ Diameter _____ From _____ To _____ <u>1.250</u> inches <u>6</u> inches + <u>1</u> feet <u>59</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet 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>22</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Sherry pit ☒ Temporary surface casing ☒ Overbore to seal depth																																																	
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>Kootenai</u> <u>SE 1/4 SW 1/4 Sec. 30, T. 53 N. R. 3 E/W</u>		10. Work started <u>8/29/78</u> finished <u>8/29/78</u>																																															
		11. DRILLERS CERTIFICATION Firm Name <u>Associated Well Drills</u> Firm No. <u>245</u> Address <u>Box 723 Coa. Ida.</u> Date <u>8/29/78</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u>																																															

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