

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 95-14717
Date Received: 11-20-09
Receipt No: NO 22947
Received By: cm

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) DAVID ^{AND OR} CORNA WILLEY Phone (208) 762-2483

Mailing Address 4437 E. Lachance Hayden ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 12-31-1982
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 S2N, Range 3W, Section 29,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. S2N03W-29-7800

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.

95-76-N-93 well completed 1976 and
connected to Home occupied 1982
Water line 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 01-01 to 12-31 amount .04 (cfs) or AFY ()

For Stock water purposes from 01-01 to 12-31 amount .02

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 Home 3 Horses

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9. Location of Place of Use is: Township 52N, Range 34W, Section 29,

NW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) **Domestic** () **Stock** () **Domestic and Stock** (X) If different than shown in Item 4

Additional places of use, if any NA

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:

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) Dore Willey Date: 11-5-2009

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. _____

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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 90 days after the completion or abandonment of the well.



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DEC 8 1976

1. WELL OWNER

Name MICK BLAKELY
Address RT. 5 Box 728 CDPH, Idaho
Owner's Permit No. 95-76-N-93

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 390 feet
Casing schedule: ☒ Steel ☐ Concrete
Thickness 550 inches Diameter 6 inches From 1 foot To 120 feet
____ inches ____ inches ____ feet ____ 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

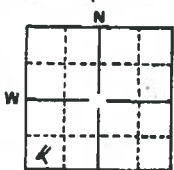
Well screen installed? ☐ Yes ☒ No
Manufacturer's name ____
Type ____ Model No. ____
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Diameter ____ Slot size ____ Set from ____ feet to ____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel ____
Placed from ____ feet to ____ feet

Surface seal depth 21 Material used in seal ☐ Cement grout
☒ Pudding clay ☐ Well cuttings
Sealing procedure used ☐ Slurry pit ☒ Temporary surface casing
☐ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location. (95)



Subdivision Name ____

Lot No. ____ Block No. ____

County Kootenai

SW 1/4 SW 1/4 Sec. 29, T. 52, N. 15, R. 3 E/W

7. WATER LEVEL

Static water level 81 feet below land surface
Flowing? ☐ Yes ☐ No G.P.M. flow ____
Temperature ____ ° F. Quality ____
Artesian closed-in pressure ____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Other
Discharge G.P.M. ____ Draw Down ____ Hours Pumped ____
4 209 4

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	1	TOP SOIL		
	1	4	CLAY Dark Brown		
	4	9	CLAY Red		
	9	20	CLAY Light Tan		
	20	44	CLAY PINK		
	44	85	CLAY Light Brown		
	85	99	CLAY Dark Brown		
	99	105	Basalt Brown Broken		
	105	114	Basalt Black hard		
10	114	120	Basalt Clay hard		
6	120	128	Basalt Clay hard		
	128	183	Basalt Decomposed Black		
	183	198	Basalt Blue hard/loose		
	198	315	Shale Black (crinoid)		
	315	330	Shale Red		
	330	340	Shale Light Tan		
	340	364	Sand Stone Light Tan		
	364	371	Brinley Decomposed		
	371	384	Brinley Decomposed		
	384	390	Brinley Decomposed		
			But Farm.		

012550

10.

Work started 7/27/76 finished 7/13/76

11. DRILLERS CERTIFICATION

Firm Name E. Holman Drilling Co. Firm No. 105

Address 601 S. Pine Rd Spokane WA Date July 15-76

Signed by (Firm Official) [Signature]

and

(Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

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WILLEY PIN 52N03W-29-8300



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