

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 95-14726

Date Received: 11-20-09

Receipt No: NO22933

Received By: E.D.

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) William & Barbara Wright Phone (208) 818-2871

Mailing Address 15780 N. Smith Ave. Hauser ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 11-30-2005
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 51N, Range 05W, Section 06,
S/E 1/4 of S/E 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 51N05W/069400

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

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 0.04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) _____

SCANNED

NOV 20 2009

9. Location of Place of Use is: Township 51N, Range 05, Section 06,
S/E 1/4 of S/E 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 51N05W/069400
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? KOOTENAI COUNTY

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) _____

Date: 11-20-09

Barbara Wright

Date: 11-20-09

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

D D0040864
J. 837634
n Well No. _____

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	: _____	Long: _____	: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
14 gpm	Air lift	from 362	

Water Temp. 48° Bottom hole temp. _____
Water Quality test or comments: Clear no odor

Depth first Water Encounter 195

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	63	Sand Tan		
	63	105	Granite - Decomposed		
	105	118	Granite - Black + white		
6"	118	195	Granite - Black + white		
	195	197	Granite - w/water		
			3 gpm		
	197	290	Granite Black + white		
	290	292	Granite w/water		
			5 gpm		
	292	332	Granite - Black + white		
	332	335	Granite - w/water		
			6 gpm		
	335	362	Granite - Black + white		

RECEIVED
JAN 20 2006
IDWR/NORTH

WELL by legal description:

ess or Lot, Blk, Sub. or Directions to well.

North ☒ or South ☐
East ☐ or West ☒
1/4 S/W 1/4 S/E 1/4
County Kootenai

Long: _____
15700 North Smith Ave.
City Hauser
Sub. Name _____

☐ Municipal ☐ Monitor ☐ Irrigation
☐ Injection ☐ Other _____

K check all that apply (Replacement etc.)

☐ Modify ☐ Abandonment ☐ Other _____

D: _____
☐ Cable ☐ Mud Rotary ☐ Other _____

CEDURES

From	To	Weight / Volume	Seal Placement Method
0	80	185X	Pour Around Pipe

☒ Y ☐ N Shoe Depth(s) 118
asted? ☒ Y ☐ N How? Air

To	Gauge	Material	Casing	Liner	Welded	Threaded
118	250	57x1	☒	☐	☒	☐
362	160	PVC	☐	☒	☐	☐

Length of Tailpipe _____
N Type _____

IS/SCREENS PACKER TYPE

Drill
d of Installation _____

Slot Size	Number	Diameter	Material	Casing	Liner
3/4	20	4"	PVC	☐	☒
3/4	60	4"	PVC	☐	☒

From	To	Weight / Volume	Placement Method

LEVEL OR ARTESIAN PRESSURE:

nd Artesian pressure _____ lb.
ed 290 ft. Describe access port or control devices: _____

well cap

14. DRILLER'S CERTIFICATION

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

Company Name Action Drilling Inc Firm No. 618

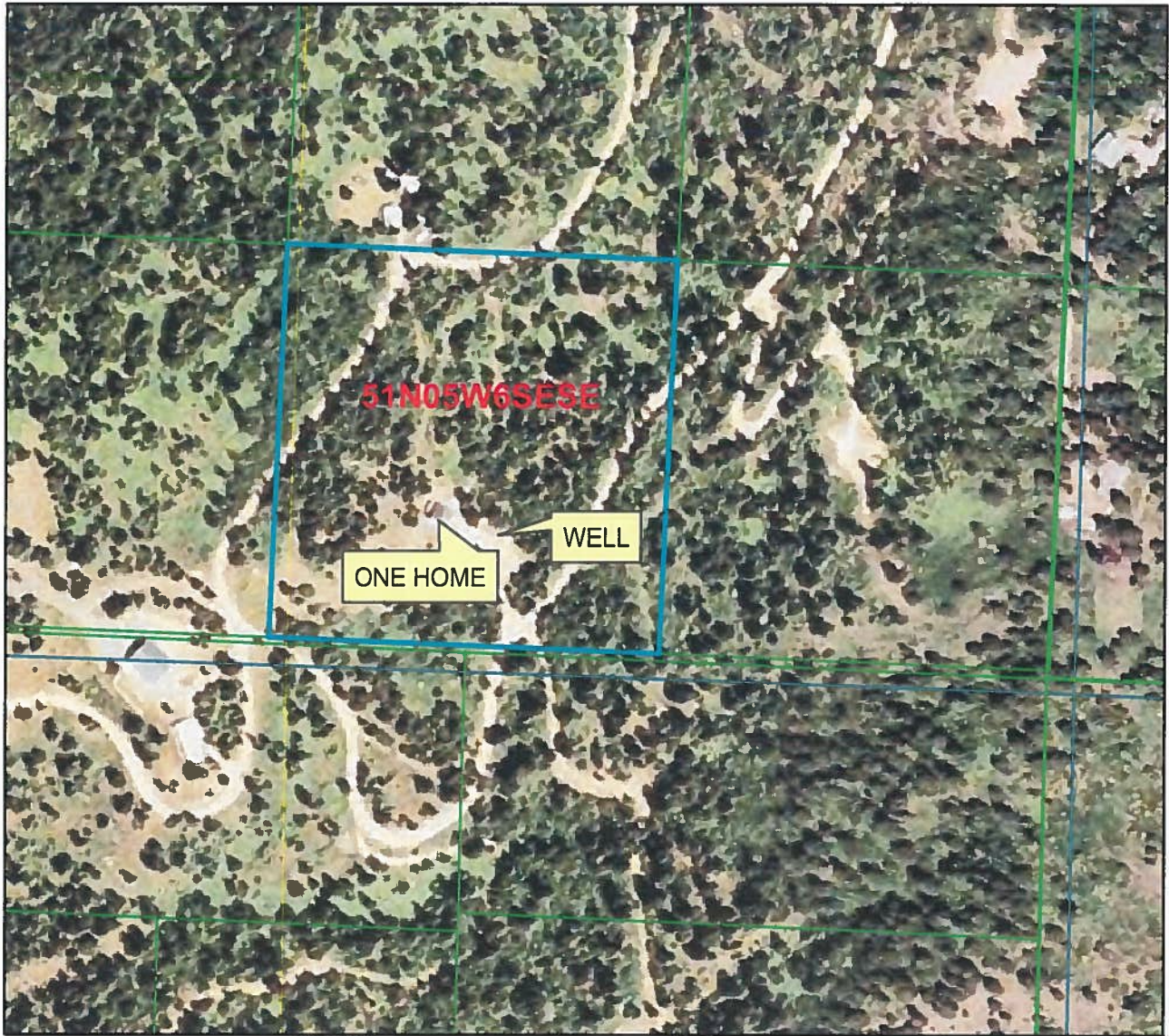
Principal Driller Alvin Carris Date 12-28-05

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 12-28-05
Principal Driller and Rig Operator Required. **SCANNED**

NOV 20 2009

NIA APPLICATION



0 120 240 480 720 960 Feet



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