

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 45-14817Date Received: 12-15-09Receipt No: N023092Received By: ur

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

RECEIVED

DEC 15 2009

IDWR/North

1. Name of Claimant(s) W.F.M.S. Corp. Phone (208) 457-8048Mailing Address 6955 N Pheasant View Rd, Post Falls, ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) June 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 S1N, Range SW, Section 30,
NE 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. S1N0SW-30-0550

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.

Installed 3 hp, 25 gpm pump Sept 10, 2004. Well
depth 205' / pump set 190'

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

For Domestic purposes from 1-1 to 12-31 amount 0.04 cfs (☒) or AFY ()

For _____ purposes from _____ to _____ amount _____

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) Industrial

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9. Location of Place of Use is: Township S1N, Range SW, Section 30,

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

for (Check One) **Domestic** (✓) **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

11. Do you own the property listed above as place of use? Yes (✓) 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 (✓) 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: one (well log)

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: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

President of W.F.M.S. Corp.,
Title Organization

that I have signed the foregoing document in the space below as

President of W.F.M.S. Corp.,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Patrick M. Hanning Date 12-11-09

Title and Organization President, W.F.M.S. Corp.

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 W.F.M.S. Corp Identification No. _____

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0033546

DRILLING PERMIT NO _____

Other IDWR No. _____

2. OWNER:

Name Ken WolkenhauerAddress 4129 East Early Dawn AvenueCity Post FallsState IDZip 83854

3. LOCATION OF WELL by legal description:

N		Twp	51N	North	☒ or	South	☐
W		Rge	05W	East	☐ or	West	☒
E		Sec	30	1/4	SW 1/4	NE 1/4	
S				10 Ac	40 Ac	160 Ac	
		Gov't Lot	County		Kootenai		
		Lat	Long				

Address of Well Site: (see next line)

Pleasant View Road

City Post Falls

Lot _____ Blk _____ Sub. Name (see next line)

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/Lbs	
Bentonite Grans	0	25	11 sacks	dry pour

Drive Shoe Used? ☐ Y ☒ N Shoe Depth(s) _____Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	2	202	0.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

- ☒ Perforations? Method Air Perforator
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
180	200	1x1/4	.200	6	Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

135 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 135 ft. Describe access port or

control devices: Steel Cap Welded

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
60+	100%	202	1 hour

Water Temp. _____ Cold Bottom hole temp. _____ Cold

Water Quality test or comments: (below) Depth first Water Encountered 135

Cold, Clear, and No smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
8	0	1	Topsoil	☐ Y	☒ N
8	1	30	Sand, Gravel an Cobbles	☐ Y	☒ N
8	30	135	Sand and Gravel 3/4 minus	☐ Y	☒ N
8	135	202	Sand and Gravel 3/4 minus	☒ Y	☐ N

Completed Depth 202 (Measurable)

Date: Started 4/5/04 Completed 4/5/04

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc.

Firm No 414

Firm Official and

Tim M. Valdez pres.

Date 4/6/04

Supervisor or Operator Jason C. Beckham

Date 4/6/04