

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 95-14837Date Received: 12/24/08Receipt No: 0023150Received By: Kee

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) Garth & Roxanne Everett Phone (208) 777-7978Mailing Address P.O. Box 3528 Post Falls, ID Zip 83877
Street or Box City State2. Date of Priority: (Only one per claim) Aug 1, 2008
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) Water well 700' deep
which is tributary to (b) _____4. Location of Point of Diversion is: Township 51N, Range 05W, Section 06,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. PIN: 022300010040Additional 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.

Well: 700' deep, Pump: Franklin Quick Pak 7-600 R3Well Tag No. D0054252 Reservoir: 3000 gallon6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
Month/Day Month/Day cfs () or AFY () 18-295R3For Domestic purposes from _____ to _____ amount _____

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) Domestic: One house.No livestock.

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9. Location of Place of Use is: Township 51 N, Range 05 W, Section 06,
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 022 3000 10040
If different than shown in Item 4

for (Check One) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any NONE

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.

None 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: 1

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) Garth Everett Date: 12-22-09

Royanna Everett Date: 12-22-09

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 _____ 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	
Lat:	:	:	Long: :

1. WELL TAG NO. D0054252

Drilling Permit No:

Other IDWR No.

2. OWNER

Name EVERETT, GARTH

Well Number:

1374

Address P.O.BOX 3528

City POST FALLS State ID Zip 83877

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N	
W	E
S	

Twp. 51N ☒ North or ☐ South
Rge. 05W ☐ East or ☒ West
Sec. 06 1/4 SE 1/4 SE 1/4
Gov't Lot County KOOTENAI
Latitude: Longitude:

Address of Well Site 13120 N. Matheson Rd.

City HAUSER

(Give at least name of road + Distance to Road or Landmark)

Lt. Blk. Sub. Name EVERETT EST.

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 or Pounds	
BENTONITE	0	18	400 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☒	☐	☒	☐
4	-5	720	.200	PVC	☐	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
685	720	1/4 X 6	140	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

91 ft. below ground Artesian pressure lb.

Depth flow encountered 140 ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 140

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	5	Clay		☒
10	5	18	Brown Granite w/ clay		☒
6	18	180	Brw.Gry.Wht Granite w/.5 gpm	☒	
6	180	280	Brw.Gry.Wht Granite w/.5 gpm	☒	
6	280	340	Blk.Wht.Purple Granite w/ 1gpm	☒	
6	340	660	Blk.Wht.Purple Granite		☒
6	660	720	Blk.Wht.Purple Granite w/ 1gpm	☒	

Completed Depth 720 (Measurable)
Date: Started 11/8/2007 Completed 11/13/2007

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 H2O WellService, Inc. Firm No. 448

Firm Official Date

and

Supervisor or Operator

Date 11/13/2007

JR CANTRELL

(Sign Once if Firm Official and Operator)

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