

DEC 29 2009

IDWR/North

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 95-14879Date Received: 12-29-09Receipt No: N023167Received By: um

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) Richard E. Dolph Phone (208) 773-2523Mailing Address E 2570 Ponderosa Blvd Post Falls ID 83854
Street or Box City State Zip2. Date of Priority: (Only one per claim) 08/30/1994
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) n/a
which is tributary to (b) n/a4. Location of Point of Diversion is: Township 50N, Range 5W, Section 12,
NW 1/4 of NW 1/4, or Govt. Lot 4 BM. County of Kootenai;
Parcel (PIN) no. 50N05W-12-3175Additional points of diversion if any: n/aIf available, GPS coordinates: n/a

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.

95-94-N-193 well completed 1994
and connected to 1 existing home

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 1.04 cfs ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 1.04 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

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9. Location of Place of Use is: Township 50 N, Range 5 W, Section 12,

NW 1/4 of NW 1/4, Govt. Lot 4 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 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 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: home built in 1978 and connected to well
on Haglund property - disconnected 1994

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) Richard E. Dolph Date: 12/23/09

Angela Ruth Clancy Date: 12/23/09

Power of Attorney

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 Dolph Identification No. _____

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1. DRILLING PERMIT NO. 95 - 94 - N - 193 -
Other IDWR No. _____

2. OWNER:

2. OWNER:
Name RICHARD DOLPH
Address E 2570 PONDEROSA
City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 50 North ☒ or South ☐
 Rge. 05 East ☐ or West ☒
 Sec. 12 1/4 NW 1/4 NW 1/4
10 acres 10 acres 10 acres 10 acres
 Gov't Lot _____ County Kootenai 160 acres

Address of Well Site _____

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

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	40	150 lbs	Slurry & Crumbles

Was drive shoe used? ☒ Y ☐ N

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2½	217½	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations	Method	Torch Cut
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☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
214 $\frac{1}{2}$	217 $\frac{1}{2}$	1/16	10	6" 5/8	Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

173 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30			$\frac{1}{2}$ hr

Water Temp. Cold Bottom hole temp. _____

Water Quality test or comments: Good & Clean

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

Completed Depth 217½' (Measurable)
Date: Started 08/30/94 Completed 08/30/94

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 WELL SERVICE INC** Firm No. **443**

Firm Official John Wheeler Date 9-2-94
and
Supervisor or Operator Mark L Lee Date 8/31/94

(Sign once if Firm Official & Operator)

DOLPH PIN 50N05W-12-3175



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DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, RICHARD E. DOLPH of Post Falls, Idaho, do make, constitute and appoint ANGELA RUTH CLANCY and MICHAEL CLANCY as my true and lawful co-attorneys-in-fact, for me and in my name, place and stead, and for my use and benefit to transact all and every kind of business of what nature or kind whatsoever, and also for me in my name, as my act and deed, to sign, execute, deliver and acknowledge such deeds, leases, medical documents, covenants, agreements, mortgages, hypothecations, evidences of debts, and satisfactions of mortgage, judgment and other debts, and to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments, and accept the seizing and possession of all lands, and all deeds, and other assurances in the law therefor; and to execute such other instruments of writing of whatever kind and nature as may be necessary or proper in the premises.

It is my specific direction that my co-attorney's-in-fact must act together with the full consent of the other on any matter.

Giving and granting unto my co-attorneys, full power and authority to do and perform all and every act and thing whatsoever required and necessary to be done in and about the premises, as fully to all intents and purposes as though I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my attorney or their substitute or substitutes, shall lawfully do or cause to be done by virtue of these presents.

THE ORIGINAL OF THIS DOCUMENT
IS ON FILE AT THE LAW OFFICE
OF THOMAS M. VASSEUR

RFQ

This Durable Power of Attorney shall survive the grantor's disability or incompetence and shall remain in full force and effect until specifically revoked by the grantor or by the death of the grantor.

This power of attorney shall not be affected by subsequent disability or incapacity of the principal.

IN WITNESS WHEREOF, I have hereunto set my hand this 17th day of September, 2007.

Richard E. Dolph
RICHARD E. DOLPH

STATE OF IDAHO)
) ss.
County of Kootenai)

On this 17 day of September, 2007 before me, the undersigned Notary Public, personally appeared RICHARD E. DOLPH, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledge to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.

Shirley L. Lee Smith
Notary Public in and for Idaho
Residing at: Pinehurst
My Commission Expires: 3-31-12



RSE