

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 95-14888Date Received: 3-8-11Receipt No: N 026686Received By: W RECEIVED

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

MAR - 6 2011

IDWR/NORTHERN

1. Name of Claimant(s) SHARON & CLIFFORD ALERY Phone (208) 245-4643Mailing Address 75 BACK HILLS DR. ST. MARIES ID Zip 83861

Street or Box

City

State

2. Date of Priority: (Only one per claim) DATE: 1-25-80 WELL #1: 8-2-73 WELL #2: 1-25-80 } SEE PHOTO FOR LOCATION

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 46 N., Range 3 W., Section 24,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of BENEFICIALParcel (PIN) no. RP46N03W24130DAAdditional points of diversion if any: 2 POINTS OF DIVERSION (2 WELLS)

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.

#1 92-80-N3 & #2 92-73-N-13 WELLS

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

Well 1 For DOMESTIC purposes from 1/1 to 12/31 amount 0.04 cfs ☒ or AFY ()
Well 2 For DOMESTIC purposes from 1/1 to 12/31 amount 0.04

7. Total Quantity claimed _____ cfs () or AFY ()

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

Stockwater and Number of livestock) _____

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MAR - 8 2011

9. Location of Place of Use is: Township 46N, Range 3W, Section 24,
_____ 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? BENEFICIAL

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: 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) [Signature] Date: 2/20/2011

Sharon M. Avery Date: 2/20/2011

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.

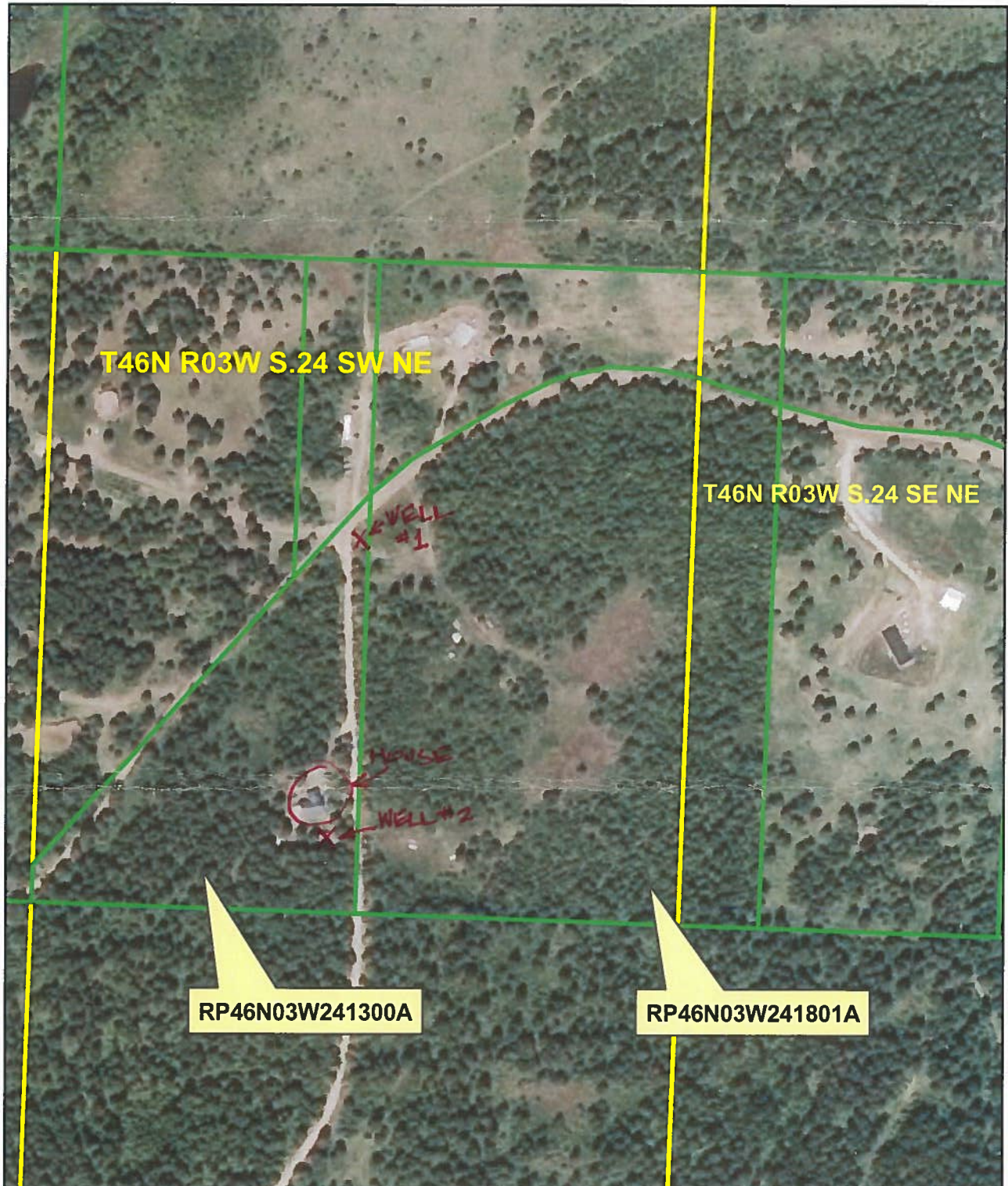
Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

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MAR - 8 2011

AVERY PIN RP46N03W241300A



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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTTYPEWRITER OR
BALLPOINT PEN

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State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Cliff Avery</u> Address <u>Rt #1 Box 198T St. Marks</u> Owner's Permit No. <u>92-80-N-3</u>		7. WATER LEVEL Static water level <u>120</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____																																									
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>6</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>6</u>																																				
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>6</u></td><td><u>0</u></td><td><u>32</u></td><td><u>Fractured basalt</u></td><td></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>32</u></td><td><u>160</u></td><td><u>gray basalt</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>160</u></td><td><u>320</u></td><td><u>gray shale</u></td><td><u>X</u></td><td></td></tr><tr><td></td><td><u>320</u></td><td><u>335</u></td><td><u>gray shale</u></td><td><u>X</u></td><td></td></tr><tr><td></td><td><u>335</u></td><td><u>380</u></td><td><u>gray shale</u></td><td></td><td><u>X</u></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	<u>6</u>	<u>0</u>	<u>32</u>	<u>Fractured basalt</u>		<u>X</u>	<u>6</u>	<u>32</u>	<u>160</u>	<u>gray basalt</u>		<u>X</u>		<u>160</u>	<u>320</u>	<u>gray shale</u>	<u>X</u>			<u>320</u>	<u>335</u>	<u>gray shale</u>	<u>X</u>			<u>335</u>	<u>380</u>	<u>gray shale</u>		<u>X</u>
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED APR 13 1981 Department of Water Resources RECEIVED JAN 28 1981 06605 Department of Water Resources RECEIVED JAN 19 1981 Department of Water Resources Northern District Office																																									
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>32</u> feet</td></tr><tr><td></td><td><u>4 1/2</u> inches</td><td><u>1</u> feet</td><td><u>320</u> feet</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table> 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 <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table> 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 <u>32</u> Material used in seal: ☐ Cement grout ☒ Well cuttings ☐ Puddling clay Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>32</u> feet		<u>4 1/2</u> inches	<u>1</u> feet	<u>320</u> feet									Number	From	To																	
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6. LOCATION OF WELL Sketch map location must agree with written location. <table border="1"><tr><td colspan="3">N</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td>X</td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td colspan="3">E</td></tr></table> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Beneva</u> <u>SW 1/4 NE 1/4 Sec. 24, T. 46 N. R. 3 E.</u>		N							X					E			10. Work started <u>19 Jan 80</u> finished <u>25 Jan 80</u>																										
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E																																											
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were compiled with at the time the rig was removed. Firm Name <u>Hendricks Drilling</u> Firm No. <u>322</u> Address <u>Harlem Lake</u> Date <u>29 Jan 80</u> Signed by (Firm Official) <u>R. Hendricks</u> and (Operator) <u>Sam</u>																																											

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 10 days after the completion or abandonment of the well.

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