

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 95-14895Date Received: 12/30/08Receipt No: N023191AReceived By: RC

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) JOHN MAC DONNEZ BARR Phone 208 723-8908Mailing Address 16322 West Riverview Dr City TWIN FALLS ID State ID Zip 83854
Street or Box2. Date of Priority: (Only one per claim) 10/31/02
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 50N, Range 5W, Section 07,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 0406500 10010Additional points of diversion if any: 50N 5W 07 SE 1/4 SE 1/4

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 & PUMP

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 1.02 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 1.020 cfs (✓) or AFY ()

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

Stockwater and Number of livestock) DOMESTIC 1 HOME

SCANNED
DEC 31 2009

9. Location of Place of Use is. Township 50N, Range 5W, Section 07,
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 5.1416

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? ROOTEVA.

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: _____

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: 12/30/09

Date: _____

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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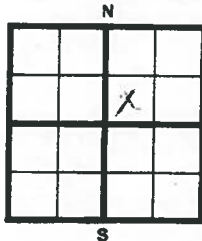
IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0022837
Drilling Permit No: 788464
Other IDWR No. _____

2. OWNER Well Number: 495
Name BARB, JACK
Address 16322 W. RIVERVIEW
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. 5W ☐ East or ☒ West
Sec. 7 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site W. RIVERVIEW
City POST FALLS

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

Lt. _____ Bk. _____ Sub. Name _____

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	5 BAGS	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	-8	523	.160	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
483	523	1/8 X 6	75	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

145 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 515 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20 - 25			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 509

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	1	Top Soil	☐	☐
8	1	16	Granite Decomposed	☐	☐
8	16	18	Granite White w/ Black	☐	☐
6	18	31	Granite White w/ Black	☐	☐
6	31	89	Granite White w/Copper	☐	☐
6	89	146	Granite White w/ Black	☐	☐
6	146	153	Granite Black	☐	☐
6	153	171	Granite Black w/White	☐	☐
6	171	212	Granite White w/ Black	☐	☐
6	212	219	Granite White	☐	☐
6	219	311	Granite White w/ Black	☐	☐
6	311	326	Granite Green w/White	☐	☐
6	326	368	Granite White w/ Black	☐	☐
6	368	412	Granite Black w/White	☐	☐
6	412	419	Granite Black	☐	☐
6	419	506	Granite White w/ Black	☐	☐
6	506	515	Granite White w/Black Fractured	☒	☐
6	515	523	Granite White w/Black	☐	☐

RECEIVED

NOV 22 2002

IDWR North

Completed Depth 523 (Measurable)

Date: Started 10/29/02 Completed 10/31/02

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 Todd Morgan Date 11-5-02

and Supervisor or Operator Todd Morgan Date 11-4-02

(Sign Once if Firm Official and Operator)

Todd Morgan

DEC 30 2009

50N 5W 7