

# 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 95-14896Date Received: 12/30/09Receipt No: N023191BReceived By: McK

## 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 MacDONNELL BARRS Phone 208 773-8508Mailing Address 16322 West River View Dr. Twin Falls ID Zip 83857  
Street or Box City State2. Date of Priority: (Only one per claim) 08-17-00  
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 57N, Range 5W, Section 09,  
SW 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM. County of KOOTENAI;  
Parcel (PIN) no. 004950010020Additional points of diversion if any: yes

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.  
\_\_\_\_\_  
\_\_\_\_\_

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 01 to Dec 31 amount .02 cfs  
Month/Day Month/Day cfs ( ) or AFY ( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed .021 cfs (✓) or AFY ( )

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

Stockwater and Number of livestock) ONE RESIDENCE

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9. Location of Place of Use is: Township 50N, Range 5W, Section 09,

SW 1/4 of NW 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. KOOTENAI

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? \_\_\_\_\_

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: 12/30/00

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

IDWR/North

RECEIVED

1. WELL TAG NO. D0013671

DRILLING PERMIT NO

OCT 20 2000

Other IDWR No.

766142

2. OWNER:

Department of Water Resources

Name Jack Barb

Address 2100 West Riverview Dr

City Post Falls

State ID

Zip 83854

3. LOCATION OF WELL by legal description:

N  
W X E  
S

Twp 50N North ☒ or South ☐  
Rge 05W East ☐ or West ☒  
Sec 09 1/4 SW 1/4 NW 1/4  
10 Ac 40 Ac 160 Ac  
Gov't Lot County Kootenai  
Lat Long

Address of Well Site: (see next line)

2100 West Riverview Drive

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        | 0    | 20 | 7         | dry    |
|                  |      |    |           |        |
|                  |      |    |           |        |

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s)

31

Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

| Diam | From | To  | Gauge | Material | Casng                               | Liner                               | Weld                                | Thrded                   |
|------|------|-----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6    | 1    | 31  | 0.250 | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4    | 20   | 600 | 0.165 | PVC      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|      |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

Length Headpipe

Length Tailpipe

9. PERFORATIONS/SCREENS

- ☒ Perforations? Method drilled liner  
☒ Screens? Screen Type PVC

| From | To  | Slot | Nmbr | Diam | Material | Casng                    | Liner                               |
|------|-----|------|------|------|----------|--------------------------|-------------------------------------|
| 280  | 300 |      | 400  | 3/8  | PVC      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 560  | 600 | .040 |      |      | PVC      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|      |     |      |      |      |          | <input type="checkbox"/> | <input type="checkbox"/>            |

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

40 ft. below ground. Artesian pressure lb.

Depth flow encountered 440 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  |
|-----------------|----------|------------|-------|
| 5               | 100%     | 595        | 1 hr. |
|                 |          |            |       |
|                 |          |            |       |

Water Temp. cold

Bottom hole temp. cold

Water Quality test or comments: (below) Depth first Water Encountered 217

clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

| Bore Diam | From | To  | Remarks: Lithology, Water Quality and Temperature | Water                                                            |
|-----------|------|-----|---------------------------------------------------|------------------------------------------------------------------|
| 8         | 0    | 4   | Topsoil - gravel                                  | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 8         | 4    | 31  | Decomposed granite                                | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 31   | 75  | Decomposed granite                                | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 75   | 125 | Granite - lavender - soft                         | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 125  | 135 | Granite - green - soft                            | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 135  | 175 | Granite - lavender - soft                         | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 175  | 185 | Granite - green - soft                            | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 185  | 217 | Granite - lavender - soft                         | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 217  | 220 | Granite - broken - 1 gpm                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 6         | 220  | 233 | Granite - lavender - soft                         | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 233  | 237 | Granite - broken                                  | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 237  | 274 | Granite - black & white - med. Hard               | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 274  | 275 | Granite - broken                                  | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 275  | 308 | Granite - black & white - med. Hard               | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 308  | 312 | Granite - broken - 1 gpm                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 6         | 312  | 346 | Granite - lavender - soft                         | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 346  | 347 | Granite - broken - 1 gpm                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 6         | 347  | 362 | Granite - green - soft                            | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 362  | 364 | Granite - broken                                  | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 364  | 400 | Granite - green/lavender - soft                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 400  | 440 | Granite - green/lavender - soft                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 440  | 445 | Granite - broken - 1 gpm                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 6         | 445  | 580 | Granite - lavender - soft                         | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6         | 580  | 585 | Granite - broken - 1 gpm                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 6         | 585  | 600 | Granite - lavender - soft                         | <input type="checkbox"/> Y <input type="checkbox"/> N            |

Completed Depth

600

(Measurable)

Date: Started

8/15/00

Completed

8/17/00

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 41

Firm Official and

*Tim Walsh*

Date 8/18/00

Supervisor or Operator Curtis S. Hammond

Date 8/18/00

FORWARD WHITE COPY TO WATER RESOURCES

50N 5W 9

SCANNED  
DEC 30 2009