

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 95-15653Date Received: 6/1/10Receipt No: N024610Received By: Ka

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

- Name of Claimant(s) A. DAVID MAUGHAN Phone (509) 946-9173
Mailing Address 310 Benham St. Richland WA Zip 99352
Street or Box City State
- Date of Priority: (Only one per claim) Aug 18, 1972
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of Point of Diversion is: Township 50N, Range 3W, Section 29,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. -2720
Additional points of diversion if any: _____
If available, GPS coordinates: _____
- 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 and pump
- Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For domestic use purposes from Jan 1 to Dec 31 amount 0.02 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed 0.02 cfs (✓) or AFY ()
- 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 50N, Range 3W, Section 29,
NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

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

If different than shown in Item 4

Additional places of use, if any _____

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:

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) David D. Langham Date: 19 June 2010

_____ 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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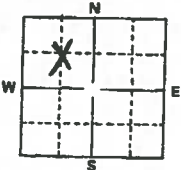
USE TYPEWRITER
BALL POINT PEN

State of Idaho
Department of Water Administration

WELL DRILLER'S REPORT

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

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1. WELL OWNER Name <u>Elton Mangham</u> Address <u>Silver Beach, Starbuck</u> Owner's Permit No. <u>95-72-N-47</u>		7. WATER LEVEL Static water level <u>120</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>AIR</u> Discharge G.P.M. <u>4</u> Draw Down <u>7</u> Hours Pumped <u>2</u>																													
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock		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>6</td><td>0</td><td>8</td><td>Gravel</td><td></td><td>X</td></tr><tr><td>"</td><td>8</td><td>38</td><td>Clay</td><td></td><td>X</td></tr><tr><td>"</td><td>38</td><td>185</td><td>Shale</td><td></td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	6	0	8	Gravel		X	"	8	38	Clay		X	"	38	185	Shale		X
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"	38	185	Shale		X																										
4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other		607193																													
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>185</u> feet Casing schedule: ☐ Steel ☐ Concrete Thickness <u>2.50</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>40</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet 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? ☒ Yes ☐ No To what depth <u>20</u> feet Material used in seal ☐ Cement grout ☒ Puddling clay																															
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>Kootenai</u> Lot <u>20+21</u> Sec. <u>29</u> T. <u>50N</u> R. <u>3E</u>				10. Work started <u>Aug 18-72</u> finished <u>Aug 18-72</u>																											
11. DRILLER'S CERTIFICATION This well was drilled under my supervision and this report is true to the best of my knowledge. <u>Carr d'Almeida Drilling Inc.</u> 214 Driller's or Firm's Name Number <u>Box 237 Hayden Lake Idaho 83835</u> Address <u>10-22-74</u> Date																															

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE AND PINK COPIES TO THE DEPARTMENT

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