

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 95-15812Date Received: 6/3/2010Receipt No: N024740Received By: KJ**RECEIVED****JUN 03 2010****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****IDWR/NORTHERN**1. Name of Claimant(s) Kerry and/or Allison Moate Phone (208) 818 5851Mailing Address 1091 S. MEYERS Hill Rd. COEUR D'ALENE, ID. Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 6/11/2002
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) NA4. Location of Point of Diversion is: Township 50N, Range 2W, Section 20,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of MOOTENAI;
Parcel (PIN) no. 50N02W-20-1950Additional points of diversion if any: NONEIf available, GPS coordinates: NA

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.

Submersible Pump in 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 1/1 to 12/31 amount 0.05 cfs () or AFY ()For stock water purposes from 1/1 to 12/31 amount 0.027. Total Quantity claimed 0.05 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, Eight mixed stockSCANNED
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9. Location of Place of Use is: Township 50N, Range 2W, Section 20,
SE 1/4 of NE 1/4, Govt. Lot BM. Parcel (PIN) no. 50N02W-20-1950
If different than shown in Item 4

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

Additional places of use, if any NONE

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: 2

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: 6-3-2010

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 Moate 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. **D0022381**

DRILLING PERMIT N **778585**

Other IDWR No _____

2. OWNER:

Name **Terry Moate**

Address **1824 Rainier Drive**

City Post Falls

State ID

Zip **83854**

3. LOCATION OF WELL by legal description:

N		Twp	50N	North	✓	or	South
Rge		02W	East	or	West	✓	
Sec		17	1/4	NW	1/4	NW	1/4
		30	10 Ac	40 Ac	160 Ac		
Gov't Lot		County Kootenai					
Lat		Long					

Address of Well Site: (see next line)

Wolf Lodge Creek to e Myers 4 drive on left

City Coeur d' Alene

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	18	8 sacks	pour in

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

Drive Shoe Seal Tested? Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	2	138	0.250	steel	✓		✓	

Length Headpipe _____

Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____

☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

65 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered _____ 110 ft. Describe access port or

control devices: Steel cap Welded

11. WELL TESTS:

Pump

Bailer

✓ Air

Flowing Artesian

Yield gal./min	Drawdown	Pump Level	Time
22	100%+	135	1 Hour

Water Temp

Cold

Bottom hole temp

Cold

Water Quality test or comments: (below) Depth first Water Encountered **68**

Clear, Cold, No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks Lithology, Water Quality and Temperature	Water Y N
8	0	4	Fill	✓
8	4	14	Shale gravel with clay	✓
8	14	29	Clay orange brown	✓
8	29	68	Gravel with clay	✓
8	68	100	Clay with gravel seams	✓
8	100	106	Clay brown	✓
8	106	120	Shale gravel 1/2"	✓
8	120	138	Shale gravel 1"	✓

Completed Depth **138** (Measurable)

Date Started **6/11/02** Completed **6/11/02**

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 **414**

Firm Official

and

Supervisor or Operator **Jason C. Beckham**

Date **6/18/02**

Date **6/18/02**

FORWARD WHITE COPY TO WATER RESOURCES

526

50N 2W 17

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POU

WELL

50N02W20SENE

100
100