

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 95-16086

Date Received: 2/16/11

Receipt No: N026609

Received By: Ra

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) Mel or Hazel Doyle Phone (208) 686-1974

Mailing Address 401 Ellis Lane Plummer Id Zip 83851
Street or Box City State

2. Date of Priority: (Only one per claim) Sept 28, 2005
Month/Day/Year (YYY)

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 46N, Range 4W, Section 9,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Benewah;
Parcel (PIN) no. -1808

Additional points of diversion if any: _____

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 1-1 to 12-31 amount .04 cfs
For stock water purposes from 1-1 to 12-31 amount .02 cfs

7. Total Quantity claimed .06 cfs () or AFY ()

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

Stockwater and Number of livestock) 3 homes
-8- head-

SCANNED

FEB 16 2011

9. Location of Place of Use is: Township 46N, Range 4W, Section 9,
SE 1/4 of NE 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? Bene wah

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) Hazel Doyle Date: 2-16-11

_____ 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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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FEB 16 2011

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____	: _____	Long: _____	: _____

1. WELL TAG NO. D 000 40657
 DRILLING PERMIT NO. 836349
 Water Right or Injection Well No. _____

2. OWNER:
 Name Mel Doyle
 Address Milwaukee Rd
 City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 46 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 9 1/4 NW 1/4 SE 1/4
 Gov't Lot _____
 County Benewah
 Lat: _____ Long: _____
 Address of Well Site 405 Ellis Lane
 City Plummer
 (Give at least name of road - Distance to Road or Landmark)
 Lt. _____ Blk. _____ 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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	39	BSX	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 39'

Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	-39	250	Steel	☒	☐	☒	☐
4"	-8	-200	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-140	-200	7/8"	72	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
none				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

38 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 172 ft. Describe access port or control devices: _____

Well Cap
46N 4W 9

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
50 gpm	Airlift	from 200	

Water Temp. 50 gpm Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 172'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8"	0	12	Clay - Tan			
	12	28	Basalt Broken			
	28	39	Basalt Gray			
6"	39	72	Basalt Gray			
	72	78	Basalt Broken - Brown			
	78	163	Basalt - Gray			
	163	168	Basalt - Broken Brown			
	168	172	Basalt - Gray - Hard			
	172	182	Basalt - Broken w/water			
			22 gpm			
	182	200	Basalt - Broken w/water			
			28 gpm			
	200	202	Basalt - Broken w/Red clay			
			50 gpm total			
			@ 200'			

RECEIVED
 NOV 04 2005
 IDWR/North

Completed Depth 200' (Measurable)

Date: Started 9-27-05 Completed 9-28-05

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Action Drilling Inc. Firm No. 618

Principal Driller Alvin Carris Date 10-15-05

and Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 10-15-05

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II. 6 2011