

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 95-16188Date Received: 6/14/10Receipt No: DN24923Received By: Kel

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) Ward Simpson Phone (208) 664-9442Mailing Address Mica Bay - Marne Route Coeur d'Alene Id Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 11-6-1986
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 49 N, Range 4W, Section 9,
NE 1/4 of SE 1/4, or Govt. Lot 2 BM. County of Rootenai;
Parcel (PIN) no. -7875

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 Jan 1 to Dec 31 amount .04 cfs

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 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 home

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9. Location of Place of Use is: Township 49 N, Range 4 W, Section 9,
NE 1/4 of SE 1/4, Govt. Lot 2 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? Kootenai Cty

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) [Signature] Date: 6-14-10

_____ 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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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

POSTER USE TYPEWRITER OR BALLPOINT PEN

Resource
RECEIVED
Nov 28 1988
Resource

1. WELL OWNER

Do

Name Wood Simpson

Address Box 8156

Owner's Permit No. 22550000 82843

2. NATURE OF WORK 95-86-N-76

☒ New well

☐ Deepened

☐ Replacement

☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic

☐ Irrigation

☐ Test

☐ Municipal

☐ Industrial

☐ Stock

☐ Waste Disposal or Injection

☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary

☒ Air

☐ Hydraulic

☐ Reverse rotary

☐ Cable

☐ Dug

☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness

Diameter

From

To

250 inches

6" inches

1 1/2 feet

30 feet

_____ inches

_____ inches

_____ feet

_____ feet

_____ inches

_____ inches

_____ feet

_____ feet

_____ inches

_____ inches

_____ feet

_____ feet

Was casing drive shoe used? ☒ Yes ☐ No

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 depth 30' Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Puddling clay ☐ _____

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

Subdivision Name _____

LYNDALE

Lot No. 1314 Block No. _____

Tax # 1940

County KOOTENAI

% _____ % Sec. 9 T. 49 N. S. R. 4 E. W.

7. WATER LEVEL

Static water level 13 1/2" feet below land surface

Flowing? ☐ Yes ☐ No

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ OF, Quality _____

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump

☐ Bailer

☒ Air

☐ Other _____

Discharge G.P.M.

Pumping Level

Hours Pumped

15 GPM

300

1

9. LITHOLOGIC LOG

Bore Diam.

Depth

Material

Water

8"

0

10

TOPSOIL

8"

10

30

WET CLAY

6"

30

168

GRANITE

6"

160

175

GRANITE BROKEN

X

"

175

225

GRANITE

"

225

250

GRANITE BROKEN

X

1"

250

275

GRANITE

1"

275

300

GRANITE BROKEN

X

10.

Work started 11/5/86 finished 11/6/86

11. DRILLERS CERTIFICATION

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

Firm Name #20 Well Service Firm No. 448

Address Hayden, Idaho Date 11-10-86

Signed by (Firm Official) John

and

(Operator) W. H. Peters

NOV 25 1986

RECEIVED

DEC 5 1986

Department of Water Resources

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