

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 95-16209

Date Received: 10-31-11

Receipt No: N028396

Received By: CU

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) Donald W Wood and/or Michael Wood Phone (208) 661-4514

Mailing Address PO Box 3322 Hayden Id Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 5-26-2004
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 54N, Range 02W, Section 19
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Bonner

Parcel (PIN) no. 54N02W194800A

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.

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 0.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) Domestic for 1 home

SCANNED
OCT 31 2011

9. Location of Place of Use is: Township 54N, Range 02W, Section 19,
NE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Same
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? Bonner

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) D. W. Wood Date: 10-31-11

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. _____

RECEIVED
OCT 31 2011

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0033603
DRILLING PERMIT NO. 812964
Water Right or Injection Well No. _____

2. OWNER: Joe Hester
Name Joe Hester
Address Careywood Rd.
City Sagle State ID Zip 83860

3. LOCATION OF WELL by legal description:

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

Twp. 24 North ☒ or South ☐
Rge. 29 East ☐ or West ☒
Sec. 19 1/4 20 1/4 21 1/4
Gov't Lot _____ 10 acres _____ 40 acres _____ 160 acres

Lat: _____ Long: _____
Address of Well Site Careywood City Sagle
(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
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>20 lbs</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 70'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>1</u>	<u>70</u>	<u>20</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type NONE

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SKILL SAW

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>45</u>	<u>345</u>	<u>1/8</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>NONE</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

80 ft. below ground Artesian pressure _____ lb.

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

S4N 2W 19

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>5</u>	<u>100%</u>	<u>344'</u>	<u>1/2 hr</u>

Water Temp. 60.18 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 145'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>cobbles sand</u>		☒
<u>6</u>	<u>18</u>	<u>30</u>	<u>gravel</u>		☒
<u>6</u>	<u>30</u>	<u>70</u>	<u>gravel</u>		☒
<u>6</u>	<u>70</u>	<u>145</u>	<u>S/p Granite</u>		☒
<u>6</u>	<u>145</u>	<u>146</u>	<u>Fract. 1 GPM</u>	☒	
<u>6</u>	<u>146</u>	<u>337</u>	<u>Granite, S/p</u>		☒
<u>6</u>	<u>337</u>	<u>338</u>	<u>Granite Fract 4 GPM</u>	☒	
<u>6</u>	<u>338</u>	<u>345</u>	<u>S/p Granite</u>		☒

RECEIVED

JUN - 1 - 04

IDWR North

RECEIVED

JUN 14 2004

IDWR North

Completed Depth 345' (Measurable)

Date: Started 4/12/04 Completed 5/26/04

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 Careywood & Sons Firm No. 168

Principal Driller Steve Pitts Date 5/26/04

and _____ Date _____

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED
OCT 31 2011