

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 95-15753Date Received: 6/3/10Receipt No: 124698Received By: du

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) GARY AND/OR SUSAN HESTON Phone (208) 660-3212Mailing Address 6648 N Davenport St. Dutton Gardens Zip 83815
Street or Box City State2. Date of Priority: (Only one per claim) 06/25/1987
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 4 W, Section 11,
NE 1/4 of SW 1/4, or Govt. Lot 4 BM. County of Kootenai;
Parcel (PIN) no. M-4380000023E

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 3/15 to 11/15 amount -0.3 CFS
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

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

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

Stockwater and Number of livestock) LAWN irrigation

SCANNED
JUN - 4 2010

9. Location of Place of Use is: Township 49N, Range 4W, Section 11

NE 1/4 of SW 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: _____

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) Dan E. Heston Date: 6/3/10

_____ 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 Dan E. Heston

Address _____

Date _____

Last Name _____ Identification No. _____

SCANNED
JUN - 4 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTU.S. / PEWITTER OR
BALLPOINT PENState 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.

1. WELL OWNER

Name CAROL HESTON
Address State Route Mica Bay
Owner's Permit No. Ord. 10. 83814

7. WATER LEVEL

Static water level 10 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature cold OF. Quality Good
Describe artesian or temperature zones below _____2. NATURE OF WORK 95-87-N-82

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>35</u>	<u>Variable</u>	<u>1 1/2</u>

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
<u>.250</u> inches	<u>6</u> inches	<u>2</u> feet	<u>114</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow 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 18 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☒ ColtongsSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent☐ Weld☐ Cemented between strata

Describe access port _____

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>34</u>	<u>Broken Basalt</u>		<u>X</u>
<u>6</u>	<u>34</u>	<u>41</u>	<u>Gray Clay</u>		<u>X</u>
	<u>41</u>	<u>94</u>	<u>Light Sand & Clay</u>		<u>X</u>
	<u>94</u>	<u>108</u>	<u>Gray Clay</u>		<u>X</u>
	<u>108</u>	<u>110</u>	<u>Brown Clay</u>		<u>X</u>
	<u>110</u>	<u>114</u>	<u>Brown Basalt</u>		<u>X</u>
	<u>114</u>	<u>125</u>	<u>Brown Basalt</u>	<u>X</u>	

AUG 04 1987

Department of Water Resources

RECEIVED

JUL 24 1987

Department of Water Resources
Northern District Office

10.

Work started 6/25/87 finished 6/26/87

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name KROTZER
PARK-TRAIL 23
Lot No. 4 Block No. _____

County KOOTENAI_____ 1/4 _____ 1/4 Sec. 11, T. 49 S., R. 4 E.

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
compiled with at the time the rig was removed.Firm Name Associated Well
Drillers Inc. Firm No. 245Address Box 123 C.O.A. Date 6/26/87Signed by (Firm Official) Robert F. Dwyerand
(Operator) Robert F. DwyerSCANNED
JUN - 4 2010