

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 95-15510

Date Received: 9-29-10

Receipt No: N025836

Received By: am

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) Warren And Melissa Howard Phone (208) 686-0108

Mailing Address 30585 S. Dittmore Rd Warley ID Zip 83876
Street or Box City State

2. Date of Priority: (Only one per claim) March 27, 2003
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 47N, Range 4W, Section 26,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. -0300

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 and Stockwater purposes from Jan 1 to Dec 31 amount .04
Month/Day Month/Day cfs () or AFY ()

For Stockwater purposes from Jan 1 to Dec 31 amount .02

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) One household and Approx 26 Head of Livestock

SCANNED
SEP 29 2010

9. Location of Place of Use is: Township 47N, Range 4W, Section 26,
NE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 0300
If different than shown in Item 4
for (Check One) Domestic () Stock () Domestic and Stock (X)

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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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) Wm E. [Signature] Date: 9/23/10

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

RECORDED
SEP 29 2010

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLERS REPORTRECEIVED
APR 21 2003

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4	1/4	1/4	
Lat: : :	Long: : :		

1. WELL TAG NO. D0028250

DRILLING PERMIT NO. 796462

Other IDWR No. _____

2. OWNER:

Name Buzz Howard

Address W 2991 Conkling Road

City Worley

State ID

Zip 83876

3. LOCATION OF WELL by legal description:

N		Twp 47N		North ☒ or South ☐	
Rge 04W		East ☐ or West ☒		Sec 26	
1/4		SE 1/4		NE 1/4	
10 Ac		40 Ac		160 Ac	
Gov't Lot		County Kootenai		Lat _____	
Long _____		Address of Well Site: (see next line)			
Conkling Road to Derting Road					
City _____					
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 Chips	0	39	5 Sacks	Dry Pour

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"	+1	39	0.250	Steel	☒	☐	☒	☐
4"	-10	430	0.160	PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____☒ Screens? Screen Type PVC

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
430	470	40		4"		☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

200 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 470 ft. Describe access port or

control devices: Steel Cap Welded

47 N 4 W 26

11. WELL TESTS

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
20	100%	470	1 Hour

Water Temp. _____ Cold

Bottom hole tem _____ Cold

Water Quality test or comments: (below) Depth first Water Encountered 215
Clear

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water Y N
8	0	2	Topsoil	☐ ☒
8	2	27	Clay	☐ ☒
8	27	31	Clay - with Basalt	☐ ☒
8	31	39	Clay - with Basalt	☐ ☒
6	39	74	Clay - with Basalt	☐ ☒
6	74	215	Basalt - Medium	☐ ☒
6	215	219	Basalt - Broken 2 GPM	☒ ☐
6	219	307	Basalt - Hard	☐ ☒
6	307	349	Basalt - with Clay/Shale	☐ ☒
6	349	387	Basalt - Medium	☐ ☒
6	327	404	Basalt - with Clay	☐ ☒
6	404	465	Basalt - Hard	☐ ☒
6	465	470	Basalt - Very Broken 18 GPM	☒ ☐

Completed Depth 470 (Measurable)

Date: Started 3/25/03 Completed 3/27/03

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*Tim M. Vally*

Date 3/28/03

Supervisor or Operator Mark A. Penick

Date 3/28/03

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SEP 29 2010