

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 95-15091

Date Received: 4/12/11

Receipt No: 2026814 B

Received By: Lee

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) Parkside Living Trust Phone 208 686-1349

Mailing Address 47 Parkside Rd. Planner Id Zip 83851
Street or Box City State

2. Date of Priority: (Only one per claim) 5-19-89
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 46 N, Range R4W, Section 511
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Benevolence
Parcel (PIN) no. RP46N04W112S15A

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 1.05 cfs ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 1.05 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) 2 Homes

RECEIVED
APR 11 2011

9. Location of Place of Use is: Township 46 N, Range 4 W, Section 11,
NE 1/4 of SE 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? Beneviah

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) Stacy A Smith Date: 4-12-2011

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. _____

BANNED
12-1-2011

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.

1. WELL OWNER

Name Chas Smith

Address Rte 1 Box 964

Owner's Permit No. 95-89-N-29

2. NATURE OF WORK

☒ 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 feet

310 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 1/8 inches by 3 inches

Number

From

To

50 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

Diameter

Slot size

Set from

feet to

Gravel packed? ☒ Yes ☐ No ☐ Size of gravel PEA

Placed from 20 feet to 310 feet

Surface seal depth

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 description

N

W

E

S

X

Subdivision Name

Lot No.

Block No.

County

NW 1/4 Sec. 11, T. 46 N/S. R. 4 E

7. WATER LEVEL

Static water level _____ feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

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

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature Cool of. Quality _____

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.

Pumping Level

Hours Pumped

20 12

310

3

9. LITHOLOGIC LOG

Bore Diam.

Depth

Material

Water

8

0 310

Yes No

0 165

165 310

Reddish & Brown Clay

Shale & Clay streaks

First water 160-4 gpm

Second water 270-8 gpm

80 Ft. of Perforations

Staggered Every other

ONE. 20 Ft. Sections.

JUN 12 1989

JUN 20 1989

Department of Water Resources

10.

Work started 5-15-89 finished 5-19-89

11. DRILLERS CERTIFICATION

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

Firm Name H2O Well Serv. Firm No. 448

Address Hayden 2nd Date 6-9-89

Signed by (Firm Official) John Whelan

and (Operator) Wayne Miller

SCANNED
APR 11 2011