

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 95-15228

Date Received: 09/17/2010

Receipt No: N025678 A

Received By: JRM

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) JAMES C. AND OR DEBBIE E. ALLW Phone (208) - 655 8085

Mailing Address 20832 S. FOUR ECHOES RD Id 83826
Street or Box City State Zip

2. Date of Priority: (Only one per claim) 1-1-1960 9-4-1991 gen
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 48N, Range 4W, Section 19,
SW 1/4 of SW 1/4, or Govt. Lot 5 BM. County of Koot;
Parcel (PIN) no. 0-8580-000-006-0

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.
95-91-N-130 (-120 on owners copy)
well completed 1991 for 1 home

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For Domestic purposes from 01-06 12-31 amount .04 cfs (X) or AFY ()
For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs (X) or AFY ()

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

Stockwater and Number of livestock) 1 home

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9. Location of Place of Use is: Township 48N, Range 4W, Section 19,
SW 1/4 of SW 1/4, Govt. Lot 5 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 NA

10. In which county (ies) are lands listed above as place of use located? Koot.

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: 3

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) James C. Allen Date: 9-17-10

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 Allen Identification No. _____

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POSTED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState 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.Klg OK
UL TYPEWRITER OR
BALLPOINT PEN

1. WELL OWNER

Name JAMES C ALLENAddress 20670 West Shore Rd. Worley, ID. 83876Owner's Permit No. 95-91-N-130

7. WATER LEVEL

Static water level 51 feet below land surface.Flowing? ☐ Yes ☒ No G.P.M. flow 24

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

Controlled by: ☐ Valve ☒ Cap ☐ PlugTemperature _____ of. Quality Good

Describe artesian or temperature zones below.

2. NATURE OF WORK

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

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M. Pumping Level Hours Pumped

24-G.P.M.

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
	0	10	Clay-basalt-cobble		X
	10	38	Basalt-med.		X
	38	63	Basalt-fractured w/clay		X
	63	74	Sand-w/clay-brn.		X
	74	89	Basalt highly fractured		X
	89	112	Sand-quartz		X
	112	121	Basalt-highly fractured	X	

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	119 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 ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld _____

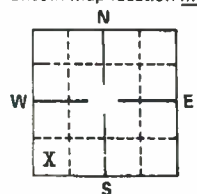
☐ Cemented between strataDescribe access port 1/2" Opening

10.

Work started 9/3/91 finished 9/4/1991

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name W. Paine TractsLot No. 6 Block No. 1992County KOOT.SW 1/4 SW 1/4 Sec. 19, T. 48N N/S, R. 4W E/W

11. DRILLERS CERTIFICATION

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

Firm Name J & J DRILLING INC Firm No. 319Address S 5613 Linke RD. Date 9/5/1991Greenacres, WA 99016Signed by (Firm Official) [Signature]

and

(Operator) [Signature]RECEIVED
SEP 25 1991

Department of Water Resources

RECEIVED
SEP 20 1991
NORTHERN REGION
IDWRSCANNED
SEP 20 2010

Parcel No 119442
0-8580-000-006-0 Code Area 96-070

Name/Address _____

Legal Description WEST POINT TR, L+ 6

19-48N-04W

Property Address 20670 WEST SHORE RD.

Inspected By CUTR Date 10/15/97 Rev Yr 92
Computed By CUTR Date 11/16/97 Rev Yr 97
Certified Appraiser _____ Date _____ Rev Yr _____
Assessor _____ Date _____ Rev Yr _____
Reinspection _____ Date _____ Rev Yr _____

IDAHO RESIDENTIAL PROPERTY RECORD

Sheet No. ____ of ____

MISCELLANEOUS DATA

Class 3
Use Code 3711
Units 1
Market Grade 3+
Year Built 1960
Year Remodeled _____
Effective Age 35
Effective Year 1997
Shape Code A
Date Occupied _____

YES	NO
☐	☐
☐	☐
☐	☐

Prebuilt _____
Building Permit _____
Under Construct. _____

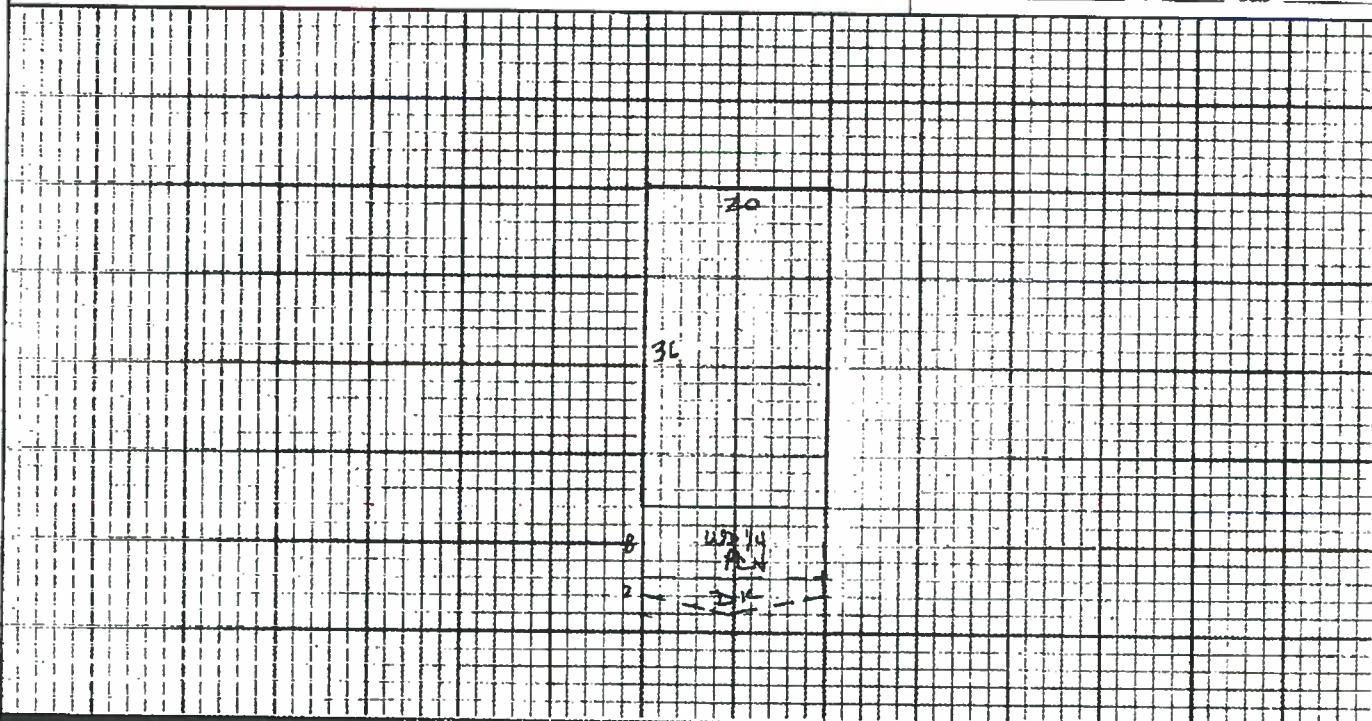
Photo No _____

VALUES SUMMARY

YEAR 1992	YEAR
Residence \$ _____	\$ _____
Garage \$ _____	\$ _____
Carport \$ _____	\$ _____
Other \$ _____	\$ _____
Total Improve \$ _____	\$ _____
Land \$ _____	\$ _____
MARKET VALUE \$ _____	\$ _____

PURCHASE INFORMATION

Price _____ Date _____
Price _____ Date _____
Asking _____ Date _____
Rent _____ Per _____ Date _____



LAND INFORMATION

01 NEIGHBORHOOD		02 OFF-SITE IMPROVEMENTS		03 TOPOGRAPHY	04 WATER FRONT PROPERTY		05 ON-SITE UTILITIES	
01 Urban	06 Stable	Street	04 Asphalt/Conc	01 Low	01 Lake	6 Beach	01 Electricity	05 Public Water
02 Suburban	07 Improving	01 None	05 Gravel/Dirt	02 Level	02 River/Creek	None P F A G E	02 Gas	06 Private Well
03 Rural	08 Declining	02 Public Access	06 Sidewalks	03 Moderate Slope	03 Accretion	7 Grade	03 Underground Elect/Telephone	07 Public Sewer
04 Recreational		03 Private Access	07 Curb/Gutters	04 Steep Slope	04 Bluff Land	P F A G E	04 Cable TV	08 Septic System
90		90		90	05 Flood Plain	90	90	

06 SUBJECT DIMENSIONS		07 SITE INFORMATION		08 REMARKS
Frontage	01 Location P F A G E	02 Amenities P F A G E 03 Landscaping P F A G E 04 View P F A G E 05 Detriments Few Many None 06 Zoned		
Depth	02			
Other	03			
	04			
	05			

09 COMPOSITE ADJUSTMENT								10 SITE ADJUSTMENTS							
CAT	LOC	CLASS	TYPE	UNIT	QTY	COST	BASE VALUE	01 Location	10 Access	20 View	30 Topography	40 Width	TOTAL	EXT	
								50 Depth	60 Ploilage	70 Beach	80 Corner	90	FACTOR	VALUE	
								%	%	%	%	%	%	%	%
								%	%	%	%	%	%	%	%
								%	%	%	%	%	%	%	%
								%	%	%	%	%	%	%	%

APPRaiser: _____ APPRAISAL DATE: _____ REVIEW YR: _____
REINSPECTED APPR. _____ DATE: _____ REVIEW YR: _____

LAND VALUE \$ _____

SCAN 04254
REV 2-93
SEP 20 2010

ALLEN PIN 0-8580-000-006-0



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