

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 95-15437Date Received: 6/15/2009Receipt No: 2020908BReceived By: Jim

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) Justin Doty and or Michelle Doty Phone (288) 683-3049Mailing Address 25333 N. Good Hope Rd. Athol ID Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) 10/22/1986
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 53 N, Range 02 W, B.M. Section 31,
NE 1/4 of NE 1/4, or Govt. Lot _____ B.M. County of Kootenai;
Parcel (PIN) no. 53N02W-31-0075

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.

96-86-N-76 Drilled 105 ft 1986

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 01/01 to 12/31 amount 0.04 cfs (✓) or AFY ()For Stock purposes from 01/01 to 12/31 amount 0.027. 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) 1 house

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9. Location of Place of Use is: Township 53N, Range 2W, Section 31,

1/4 of 1/4, Govt. Lot BM. Parcel (PIN) no.

for (Check One) ~~Domestic~~ ^{MD} ~~Stock~~ ^{MD} ☒ 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? 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.

95-9845 (Domestic) 95-9846 (stock) or None ()

13. Remarks:

Diversions from Sager Creek

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: 2

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) [Signature] Date: 6/15/09

[Signature] Date: 6/15/09

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

 Title of Organization ,

that I have signed the foregoing document in the space below as

 Title of 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

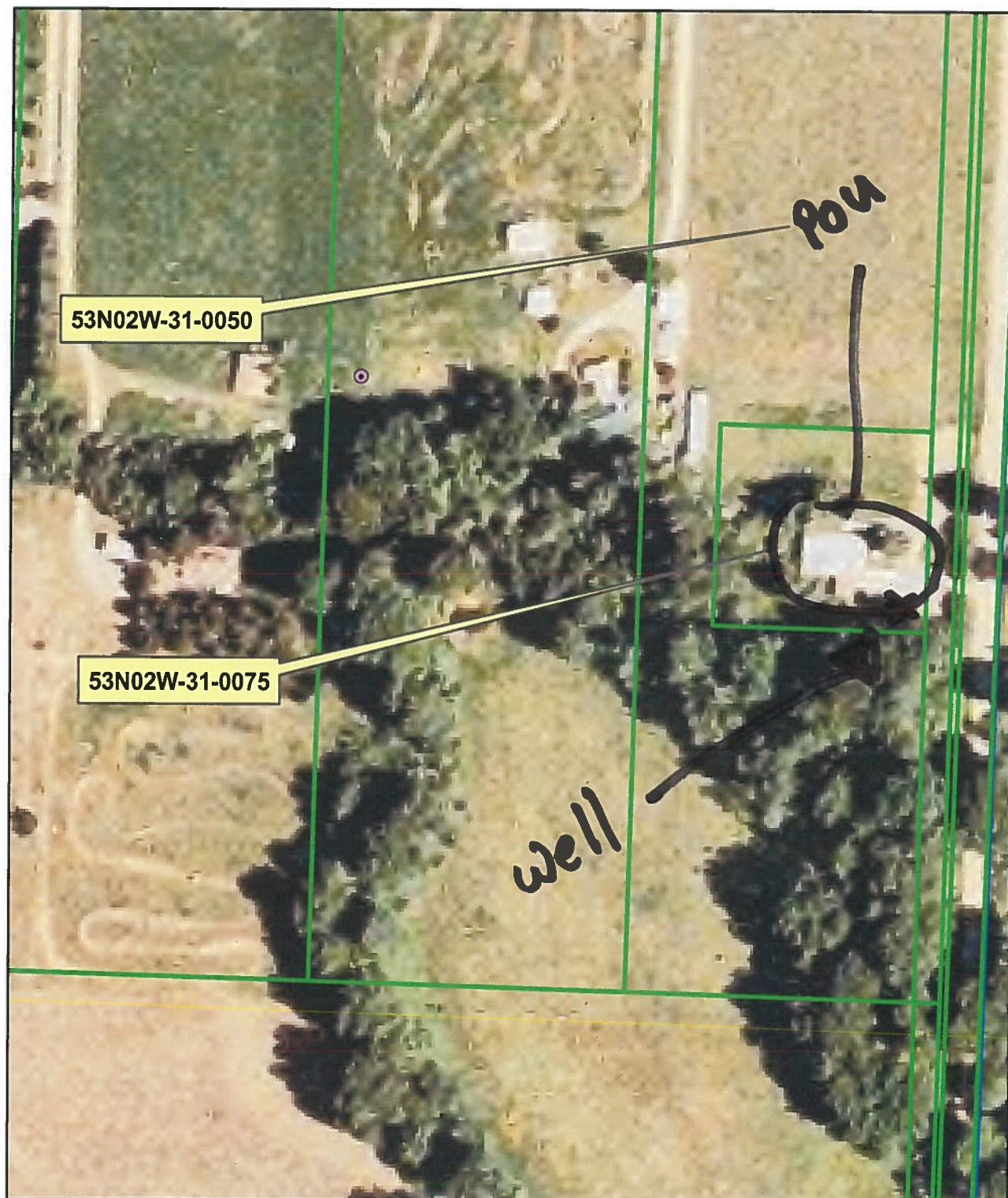
Address

Date

Last Name Identification No.

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DOTY PIN 53N02W-31-0075



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WELL DRILLER'S REPORT

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.

Department of Water Resources									
1. WELL OWNER Name <u>Alex Taboritis</u> Address <u>Rt 1 Box 89E Arden, Id. 83801</u> Owner's Permit No. <u>96-86-N-76</u>					7. WATER LEVEL Static water level <u>20</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☒ Cap ☐ Plug Temperature <u>Cold</u> OF. Quality <u>Good</u> 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 ☐ Bailor ☒ Air ☐ Other _____				
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 _____					9. LITHOLOGIC LOG				
5. WELL CONSTRUCTION									
Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____									
Thickness Diameter From To									
<u>.150</u> inches <u>6</u> inches + <u>2</u> feet <u>98</u> 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 _____ 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 <u>20</u> Material used in seal: ☐ Cement grout									
☒ Bentonite ☐ Puddling clay ☒ Collars									
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					10.				
Sketch map location must agree with written location:					Work started <u>10/20/86</u> finished <u>10/21/86</u>				
N W E S									
Subdivision Name _____					11. DRILLERS CERTIFICATION				
Lot No. _____ Block No. _____					I/We certify that all minimum well construction standards were compiled with at the time the rig was removed.				
County <u>Kootenai</u>					Firm Name <u>Drillers Inc</u> Firm No. <u>245</u>				
<u>NE ¼ NE ¼ Sec. 31 , T. 53S R. 2 EW</u>					Address <u>Box 723 C.D.A</u> Date <u>10/21/86</u>				
					Signed by (Firm Official) <u>[Signature]</u>				
					and (Operator) <u>[Signature]</u>				

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