

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 95-15499

Date Received: 9/29/10

Receipt No: NP25834A

Received By: Ken

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) Kendrick C. + Janet K Voss Phone (208) 6893974

Mailing Address PO Box 191 Harrison Ida Zip 83833
Street or Box City State

2. Date of Priority: (Only one per claim) Sept 30 1983
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 3W, Section 30
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai
Parcel (PIN) no. -4900

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 104 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 104 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 Home

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9. Location of Place of Use is: Township 48N, Range 3W, Section 30,
NE 1/4 of SW 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 48N 3W 30 SE of NW

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) Kendrick J. Voss Date: 9-29-10
Janet K. Voss Date: 9-29-10

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. _____

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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.USE TYPEWRITER OR
BALLPOINT PEN

RECEIVED

OCT 25 1983

1. WELL OWNER Name <u>WEL SHREVE</u> Address <u>4775 ELWOOD DR</u> Owner's Permit No. <u>DE-ROY BEACH, FLORIDA 33416</u>		7. WATER LEVEL Static water level <u>35</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> °F. Quality <u>Fair</u> Describe artesian or temperature zones below.																																									
2. NATURE OF WORK <u>95-83-N-53</u> ☒ 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 _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>2</u></td><td><u>—</u></td><td><u>2.41</u></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>2</u>	<u>—</u>	<u>2.41</u>																																		
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>12</u></td><td><u>0</u></td><td><u>22</u></td><td><u>Artisan Resalt</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>22</u></td><td><u>28</u></td><td><u>CLAY</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>28</u></td><td><u>104</u></td><td><u>Artisan</u></td><td></td><td><u>X</u></td></tr><tr><td><u>6</u></td><td><u>104</u></td><td><u>200</u></td><td><u>Artisan</u></td><td></td><td><u>X</u></td></tr><tr><td></td><td><u>200</u></td><td><u>294</u></td><td><u>CLAY</u></td><td></td><td><u>X</u></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>12</u>	<u>0</u>	<u>22</u>	<u>Artisan Resalt</u>		<u>X</u>		<u>22</u>	<u>28</u>	<u>CLAY</u>		<u>X</u>		<u>28</u>	<u>104</u>	<u>Artisan</u>		<u>X</u>	<u>6</u>	<u>104</u>	<u>200</u>	<u>Artisan</u>		<u>X</u>		<u>200</u>	<u>294</u>	<u>CLAY</u>		<u>X</u>
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED OCT 20 1983 Department of Water Resources Barbara Dwyer Olson																																									
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>1.50</u> inches</td><td><u>6</u> inches</td><td><u>2</u> feet</td><td><u>104</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> 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 <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> 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>8.5</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ <u>Cuttings</u> Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth ☐ Solvent Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>1.50</u> inches	<u>6</u> inches	<u>2</u> feet	<u>104</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet								
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6. LOCATION OF WELL Sketch map location must agree with written location. <table border="1"><tr><td>N</td><td></td><td>E</td></tr><tr><td>W</td><td><u>X</u></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table> County <u>Kootenai</u> <u>NE 1/4 SW 1/4 Sec. 30, T. 48 N., R. 3 E.</u>		N		E	W	<u>X</u>		S			10. Work started <u>9/29/83</u> finished <u>9/30/83</u>																																
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11. DRILLERS CERTIFICATION <u>Dr</u> <u>Dr</u> I/We certify that all minimum well construction standards were complied with at the time the rig was removed. <u>Associated Well</u> Firm Name <u>Drillers Inc.</u> Firm No. <u>245</u> Address <u>Box 723 C.O.A.</u> Date <u>10/3/83</u> Signed by (Firm Official) <u>Bob Thornton</u> and (Operator) <u>Robert F. Pugh</u>																																											

USE ADDITIONAL SHEETS IF NECESSARY -- FORWARD THE WHITE COPY TO THE DEPARTMENT

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