

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 95-15217

Date Received: 9/15/10

Receipt No: 1025656

Received By: Ru

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) DUNCAN/NEANE MACKINNON Phone 206 459-5559

Mailing Address 19915 30th DR SE BOTHELL WA Zip 98012
Street or Box City State

2. Date of Priority: (Only one per claim) SEPT 20 2005
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 4
NW 1/4 of NE 1/4, or Govt. Lot 1 BM. County of Kootenai
Parcel (PIN) no. 017620010030

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 1/1 to 12/31 amount .04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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 household

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SEP 15 2010

9. Location of Place of Use is: Township 47N, Range 4W, Section 4,
NW 1/4 of NE 1/4, Govt. Lot 1 BM. Parcel (PIN) no. _____
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? 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.

_____ 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) Jeanette MacKinnon Date: 9/15/10

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. _____

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IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0040834
 DRILLING PERMIT NO. 836122
 Water Right or Injection Well No. _____

2. OWNER:
 Name Ernest McKinnan
 Address 10470 NE 112 St
 City Kirkland State WA Zip 98033

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 47 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 4 1/4 N/E 1/4 S/W 1/4
 Gov't Lot _____
 County Kootenai 10 acres 40 acres 160 acres
 Lat: _____ Long: _____
 Address of Well Site Kootenai Cottonwood + tele
Lane City Ward
 (Give at least name of road - Distance to Road or Landmark)
 Lt. _____ Blk. _____ Sub. Name _____

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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Benbritz</u>	<u>0</u>	<u>25</u>	<u>12 Scks</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>-38</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-10</u>	<u>-225</u>	<u>1600</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method DLV
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>190</u>	<u>200</u>	<u>1"</u>	<u>42</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
80 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 170 ft. Describe access port or control devices: CAP

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>25</u>			<u>2 hrs</u>

Water Temp. 470 Bottom hole temp. _____
 Water Quality test or comments: cloudy no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>80</u>	<u>30</u>	<u>40</u>	<u>Basalt + Broken</u>		
<u>640</u>	<u>170</u>	<u>180</u>	<u>Basalt Hard</u>		
<u>170</u>	<u>180</u>	<u>190</u>	<u>Basalt Decomposed</u>		
<u>190</u>	<u>225</u>	<u> </u>	<u>Clay Gray</u>		

RECEIVED
 NOV 17 2005
 IDWR/North

Completed Depth 225 (Measurable)
 Date: Started 9/19/05 Completed 9/20/05

14. DRILLER'S CERTIFICATION

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

Company Name Allways Drilling Inc Firm No. 510
 Principal Driller Stanley K. Wolfe Date 11/2/05
 and David M. Hall Date 11/2/05
 Driller or Operator II _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required
 Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

SEP 15 2010