

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 95-15613

Date Received: 8/22/11

Receipt No: NO27962

Received By: KCC

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) GEORGE + SHARON SEARLE Phone (208) 683-3129

Mailing Address P.O. Box 16 CAREYWOOD ID Zip 83809
Street or Box City State

2. Date of Priority: (Only one per claim) 8-20-1998
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 54N, Range 02W, Section 18,
NW 1/4 of SW 1/4, or Govt. Lot 3 BM. County of BANNER;

Parcel (PIN) no. RP 54N 02W 18S 700A

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

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) DOMESTIC 1 HOME

SCANNED
AUG 7 3 2011

9. Location of Place of Use is: Township 54 N, Range 02 W, Section 18,
NW 1/4 of SW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. RP54N02W185700A
for (Check One) **Domestic** (☒) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4 - SAME

Additional places of use, if any _____

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

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) George E. Searle Date: 08-22-2011
Sharon C. Searle Date: 08-22-2011

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 SEARLE Identification No. _____

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VANHORN:LINDLEY

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Form 238-7
11/87IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. 3946
DRILLING PERMIT NO. 760575
Other IDWR No. TAG = D 00039462. OWNER:
Name Henry Tammes
Address _____
City _____ State _____ Zip _____3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

Top <u>54</u>		North ☒ or South ☐
Rgn. <u>2</u>		East ☐ or West ☒
Sec. <u>18</u>		1/4 NW 1/4 SW 1/4
Gov't Lot _____		County <u>Bonner</u>
Lat _____		Long _____
Address of Well Site <u>Bayview Rd</u>		
City <u>Bayview</u>		

King Spur Estate

LL _____ BR _____ 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/FILTER PACK			AMOUNT Bags or Pounds	METHOD
Material	From	To		
BENTONITE	0	20		Temp. Surf. Grading

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 68Was drive shoe seal tested? ☒ Y ☐ N How? _____

8. CASING/LINER:

Diameter	Type	To	Length	Material	Casing	Line	Welded	Threaded
6"	+	68	22'	Steel	☒	☐	☒	☐

Length of Hangers 1' Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method

Screens

Screen Type

Cook Stainers

From	To	Size	Number	Diameter	Material	Casing	Line
68	72	20		6"	Stainless	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control device: well cap

Office Use Only		
Inspected by		
Twp	Rgn	Sec
1/4	1/4	1/4
Lat	Long	

11. WELL TESTS:

Pump	Drawdown	Pumping Level	Time
12	35	60	4hr

Water Temp. cold Bottom hole temp _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describes repairs or abandonment)

Base Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8.0	1		Top Soil		
8.1	3		Clay & Gravel		
8.3	20		Gravel		Y
6.20	33		Gravel Cabbles		X
6.33	65		Sand & Gravel		Y
6.65	72		Sand & Gravel	X	

BOB PITTS & SONS

Well Drilling

11886 Baldy Mt. Rd.

Sandpoint ID 83864-8200

208-263-3042

Completed Depth 72 (Measurable)
Date: Started 8-16-98 Completed 8-20-98

13. DRILLER'S CERTIFICATION

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

Company Name Bob Pitts & Sons Firm No. 235Firm Official: Bob Pitts Date 8-21-98

and _____

Driller or Operator: _____ Date _____

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