

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 95-15301Date Received: 6-6-11Receipt No: N027480Received By: mm

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

RECEIVED

JUN - 6 2011

IDWR/NORTHERN

1. Name of Claimant(s) Sandra L. Sammons Phone (208) 263-1869Mailing Address PO Box 1297 Spirit Lake ID
Street or Box City State Zip2. Date of Priority: (Only one per claim) 12/02/2006
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 4W, Section 17
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of BonnerParcel (PIN) no. RP54N04W177965A

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 Use purposes from Jan to Dec 31 amount 04cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 04cfs 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 - HomeSCANNED
JUN 06 2011

9. Location of Place of Use is: Township 54 N, Range 4 W, Section 17,
NW 1/4 of SE 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 _____

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

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) Sam I. [Signature] Date: 6/3/11
_____ 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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1. WELL TAG NO. D 24
DRILLING PERMIT NO. 841084
Water Right or Injection Well No.

2. OWNER:
Name Integrity Homes
Address 9114 N Torrey Ln.
City Hayden State Id. Zip 83835

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk. Sub. or Directions to well.
Twp. 34 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 17 36 1/4 36 1/4 NW 1/4
Gav'l Lot County Benne
Lat. : : Long. : :
Address of Well Site 1560 Reed's Rd. CT
Cloagstone Rd. City Priest River
Lt. : : Dik. : : Sub. Name : :
(Draw address name of road - direction to point on 1 inch map)

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
Bentonite	0	21	10-50 lbs	Overdrill

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 240" (King)
Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10 1/2	0	240	.250	Steel	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Air Perforator
Screen Type & Method of Installation N/A

From	To	Slot Size	Number	Unmeter	Material	Casing	Liner
220	235	1/4 x 1	60	6	Steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

175 ft. below ground Artesian pressure ft.
Depth flow encountered ft. Describe access port or control devices:

54 N 4 W 17 SW NW

FORWARD WHITE COPY TO WATER RESOURCES

12. WELL TESTS:

Yield gal/min.	Drawdown	Pumping Level	Time
35			4 HOURS

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10 1/2	0	21	SAND AND GRAVEL		X
8 1/2	21	175	SAND AND GRAVEL		X
8 1/2	175	196	SAND	X	
8 1/2	196	240	SAND AND GRAVEL	X	
5' of Large Gravel 240-235					
Completed Depth 235 (Measurable)					
Date: Started 12-1-06 Completed 12-2-06					

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DEC 12 2006
IDWR/North

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 Horsley Drilling Inc. Firm No. 637

Principal Driller C. Mark Horsley Date 12-3-06

Driller or Operator II Date

Operator I Date

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