

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 95-10932

Date Received 8/3/2009

Receipt No T089118

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

THE GRAMES FAMILY TRUST
9450 JEFFERY DR
REDLANDS CA 92373

2. Date of Priority 6/1/2006

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
51N	03W	14	SW NW	3	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1/1 12/31 ~~5-1-10/1~~	0.03 ~~0.02~~	~~AMS~~ 3-16-18 0

7. Total Quantity Appropriated is: ~~0.02~~ C.F.S. and/or 0 A.F.A.
0.03 AMS 3-16-18

8. Non-irrigation uses

Number of Homes	1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
51N	03W	14	SW NW	3	DOMESTIC	
						AMS 3-16-18
						Section Acres
						Total Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? yes AMS 3-16-18

12. Other Water Rights Used:

13. Remarks

Priority date description: The date that the well was drilled

Description of use: Water Use

DOMESTIC

Description

Kitchen, including drinking water, and single bathroom.

14. Basis of Claim: Beneficial Use

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 notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) _____ Date: _____

_____ Date: _____

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

Trustee of The Grames Family Trust
Title Organization

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

Trustee of The Grames Family Trust
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent George M. Grames Date: 16 March 2018

Title and Organization Trustee The Grames Family Trust
Please print name

Form 238-7

7/98

Starships Consulting and
Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0044826

Drilling Permit No: P40139

Other IDWR No.

2. OWNER

Well Number:

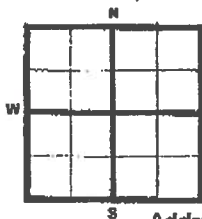
Name Gary and Rae Schneider

1167

Address 15050 E Hayden Lake RdCity Hayden Lake State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 51 ☒ North or ☐ SouthRge. 03 ☐ East or ☒ West

Sec. 14 SW 1/4 NW 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat. : : Long. : :

Address of Well Site 15435 E. HAYDEN LAKECity HAYDEN LAKE

(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/FILTER PACK	AMOUNT	METHOD
Material	From To	Sacks or Pounds
BENTONITE	0 50	720 LBS
		OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	58	.250	STEEL	☒	☐	☒	☐
4	-7	163	SCH40	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
147	163	1/8X6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian

Depth flow encountered _____ ft.

control devices: _____

S/N 3w 14

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			1hr

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: CLEARDepth first Water encountered 80

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
8	0	3	TOP SOIL	☐	☒
8	3	16	CLAY	☐	☒
8	16	58	DECOMPOSED GRANITE	☐	☒
6	58	85	WHITE AND BLACK GRANITE SOFT	☒	☐
6	85	120	WHITE AND BLACK GRANITE SOFT	☐	☒
6	120	145	WHITE AND BLACK GRANITE	☒	☐
6	145	163	WHITE AND BLACK GRANITE	☐	☒

RECEIVED
JUL 31 2006
IDWR/NorthRECEIVED
JUL 28 2006
IDWR/NorthCompleted Depth 163 (Measurable)Date: Started 6/1/2006 Completed 6/1/2006

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448Firm Official Mark R. Smith Date 6-06/06or T.M. Date 06/02/06
(Sign Once if Firm Official and Operator)

For Claim

95-10932