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APR 13 2018
IDWR / NORTH

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: 95-17507
Date Received: 4/13/2018
Receipt No: N033313
Claim Fee: 25
Received By: L.W.

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)

ANGUS W LOVETT
2900 N GOVERNMENT WAY
STE 335
COEUR D ALENE ID 83815

Phone: (208) 819-8297

2. Date of Priority: 2/1/2018

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	03W	16	NW NW		KOOTENAI	

5. Description of diverting works:

Well, pump and pipeline

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

1 home, lawn and/or garden

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	03W	16	NW		NW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

none

12. Remarks:

Priority Date Explanation:
Well Log

13. Basis of Claim: Beneficial Use

14. 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 ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

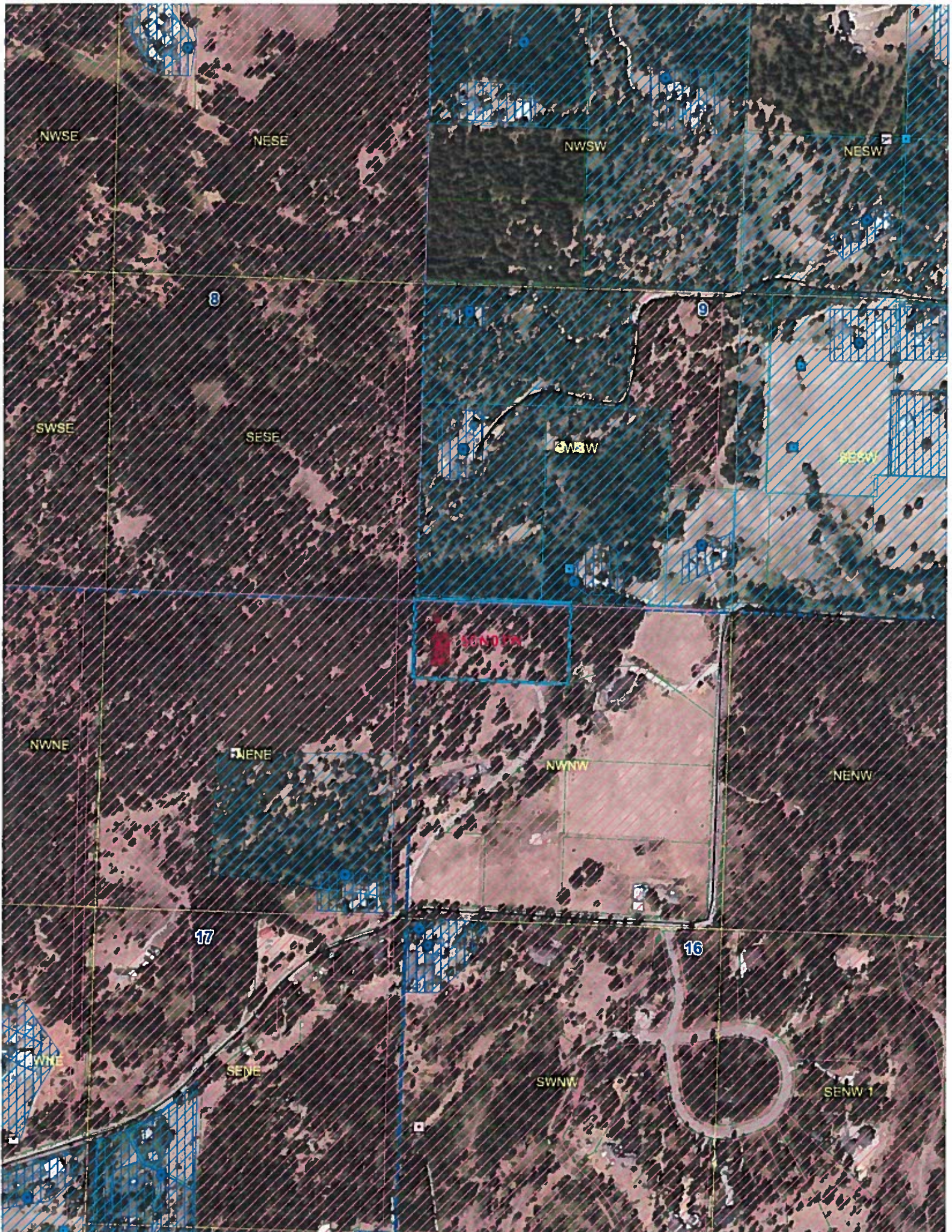
Number of attachments: 2

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): Angus W. Lovett Date: 4/13/2018

Date: _____



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0076508

Drilling Permit No. 885111

Water right or injection well # _____

2. OWNER:

Name Angus Lovett

Address 2900 N. Government Way #335

City Coeur d'Alene State ID Zip 83815

3. WELL LOCATION:

Twp. 50 North ☒ or South ☐ Rge. 3 East ☐ or West ☒

Sec. 16 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County Kootenai

Lat. 47 41.161 (Deg and Decimal minutes)

Long. 116 43.308 (Deg and Decimal minutes)

Address of Well Site 1585 Tvela Way

City Coeur d'Alene

(Love of local name of road - Distance to Road or Landmark)

Lot. 5 Blk. 1 Sub. Name Fernan Elkhorn Ranch

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Bentonit Chips	0	38	1200 lbs.	Overbored/Dry

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	280	.250	Steel	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 280'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Torch Cut

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
250	280	1/8x8	1	6"	Steel	.250

Length of Headpipe NA Length of Tailpipe NA

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
Pea Gravel	38	280	2500 lbs.	Overbored

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☐ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) NA Static water level (ft) NA

Water temp. (°F) Cold Bottom hole temp (°F) Cold

Describe access port Steel Welded Cap

Well test:	Test method:
Drawdown (feet)	Pump
Discharge or yield (gpm)	Bailer
Test duration (minutes)	Air
NA	Flowing artesian

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	35	Hard Brown Clay		X
10	35	38	Broek Basalt		X
8	38	70	Broken Basalt		X
8	70	85	Basalt		X
8	85	90	Yellow Clay		X
8	90	140	Grey Clay		X
8	140	145	Orange Clay		X
8	145	238	Brown Clay		X
8	238	255	Basalt		X
8	255	257	Fractured Basalt	X	
8	257	280	Basalt		X

Completed Depth (Measurable) <u>280'</u>
Date Started <u>1/8/2018</u> Date Completed <u>1/16/2018</u>

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. Co No 632

*Principal Driller C. Mark Horsley Date 1/16/2018

*Driller [Signature] Date 1/16/2018

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.