

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

COPY

CIVIL CASE NUMBER: 49576

Ident. Number 95-16282-17498Date Received: 11-4-11Receipt No: N028474Received By: HA

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) R A Wells Phone 208) 683-3630Mailing Address PO Box 430 Arhol Id Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) 7-24-1995
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 54N, Range 03W, Section 33,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Bonner;Parcel (PIN) no. RP54N03W332407A

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 with piping to homes

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 0.08 cfs RAW or AFY ()For Stock water purposes from 1/1 to 12/31 amount 0.027. Total Quantity claimed 0.10 cfs RAW or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic for 3 homes with LawnIrrigation

9. Location of Place of Use is: Township 54N, Range 03W, Section 33
NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. same + RP54N03W332604A
If different than shown in Item 4

for (Check One) Domestic () Stock () Domestic and Stock ()

Additional places of use, if any 54N 03W 33 NW NE

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 (X) 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 (X)

13. Remarks:

All property is now owned by RA Wells

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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) RA Wells Date: 11.4.11

_____ 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. _____

LDWR

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

POSTED

Office Use Only
Inspected by TOK
Twp 54N Rge 3W Sec 33
1/4 NE 1/4 NW 1/4

Lat: : : Long: : :
☒ Air ☐ Flowing Artesian

T. DRILLING PERMIT NO. 96 - 95 - N - 175 .
Other IDWR No. _____

2. OWNER:

Name BILL ROSS
Address 1208 MONTANA AVE
City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 54 North ☒ or South ☐
 Rge. 03 East ☐ or West ☒
 Sec. 33 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County KOOTENAI 180 acres
 Lat. : : Long. : :
 Address of Well Site HOMESTEAD RD
 City _____
 (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	30	9 BAGS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	150	.250	STEEL	☒	☐	☒	☐
4	-144	464	.160	PSI 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	Lines
404	424	1/8x4	70	4"	PVC	☐	☒
444	464	1/8x4	70	4"	PVC	☐	☒
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

NE NE 33 54N 3W

11. WELL TESTS:

☐ Pump ☐ Bailer

Yield gal./min.	Drawdown	Pumping Level	Time
50+			

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

Depth first Water Encountered

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 WELL SERVICE INC Firm No. 448

Firm Official [Signature] Date 8-4-95

Supervisor or Operator Joe Date 8-3-95

(Sign once if Film Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES