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MAR 14 2018

Form No. 42-1409-2 (Internet 5/17)

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

Claim ID: 95-17530

Date Received: 3/14/2018

Receipt No: N033210

Claim Fee: \$25.00 By: JA

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IDWR/NORTHERN

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

Please type or print clearly

- Name of claimant(s) STACY K AND/OR MARNIE WHITEHEAD Phone (208) 687-0850
Mailing address 4652 E GARWOOD RD HAYDEN ID 83835
Street or Box City State Zip
Email address (optional) stacymarniewhitehead@yahoo.com
- Date of priority: (Only one per claim) 10/3/2014 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 52N, Range 03W, Section 29,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 52N03W292000
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 PIPELINE TO HOME
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>DOMESTIC</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.04</u>			
For <u>STOCKWATER</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>0.02</u>			
- Total quantity claimed 0.06 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME, STOCKWATER USE FOR UP TO 10 HEAD MIXED STOCK

9. Location of place of use is: Township 52N, Range 03W, Section 29,
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME

for (check one) Domestic () Stock () Domestic and Stock (✓) If different than shown in Item 4

Additional places of use, if any _____

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

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 (include an explanation of the priority date selected):

DATE WELL WAS COMPLETED AND PUT TO USE

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 _____

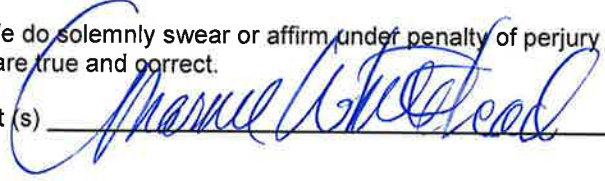
15. Signature(s)

(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 Water System 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)  Date: 3-14-2018

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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 _____

Name of claimant(s) STACY K AND/OR MARNIE WHITEHEAD Claim ID _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0067863

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Stacy Whitehead

Name _____

Address 6520 W. Silverado St.

City Rathdrum State ID Zip 83858

3. WELL LOCATION:

Twp. 52 North ☒ or South ☐ Rge. 3 East ☐ or West ☒

Sec. 29 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County Kootenai

Lat. N 47 49:730 (Deg. and Decimal minutes)

Long. W 116 43:633 (Deg. and Decimal minutes)

Address of Well Site 4652 E. Garwood Rd.

City Hayden Lake

(Give at least name of road + Distance to Road or Landmark)

Lot. _____ Blk. _____ Sub. Name _____

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 ³)	Placement method/procedure
Bentonite	0	39	25	Temp casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6	+	220	.250	steel	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 220

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
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Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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11. FLOWING ARTESIAN:

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

Describe control device Well seal

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 215 Static water level (ft) 40

Water temp. (°F) 48 Bottom hole temp. (°F) _____

Describe access port top of well

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
40	5	300

Test method:

Pump	Bailer	Air	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	20	Clay Gravel		X
10	20	40	Rock		X
6	40	215	clay gravel		X
6	215	220	gravel sand	X	

Completed Depth (Measurable): 220

Date Started: 9-23-2014

Date Completed: 10-3-2014

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 Bob Pitts & Sons

Co. No. 235

*Principal Driller

Date 10-3-2014

*Driller

Date _____

*Operator II

Date _____

Operator I

Date _____

* Signature of Principal Driller and rig operator are required.