

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: 95-17547

Date Received: 3/26/2018

Receipt No: N033251

Claim Fee: \$2500 By: J.A.

RECEIVED

MAR 26 2018

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

IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) DANIEL K. AND/OR LISA A. MILLER Phone (208) 660-7492

Mailing address 6097 W RIVERVIEW DR COEUR D'ALENE ID Zip 83814
Street or Box City State

Email address (optional)

2. Date of priority: (Only one per claim) 7/15/2015 (Explain priority date selected in Remarks)
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 50N, Range 04W, Section 8,
NE 1/4 of SE 1/4, or Govt. Lot BM, County of KOOTENAI;

Parcel no. 50N04W087500

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 PIPELINE TO HOME

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 0.04 cfs (✓) or AFY ()
Month/Day Month/Day

For purposes from to amount

7. Total quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 50N, Range 04W, Section 8,

NE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. SAME

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? 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.

95-10180 FOR DOMESTIC USE FROM SPRING

or None ()

13. Remarks (include an explanation of the priority date selected):

DATE WELL WAS COMPLETED

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: 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) Lisa A. Miller Date: 3-18-18

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) DANIEL K. AND/OR LISA A. MILLER Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0069411

Drilling Permit No. 875797

Water right or injection well # _____

2. OWNER: Lisa A. Miller

Name _____

Address 6097 W. Riverview Dr.

City Coeur d' Alene State ID Zip 83814

3. WELL LOCATION:

Twp. 50 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 08 1/4 NE 1/4 SE 1/4

Gov't Lot _____ County Kootenai

Lat. 47 41 : 533 (Deg. and Decimal minutes)

Long. 116 51 : 203 (Deg. and Decimal minutes)

Address of Well Site 6097 W. Riverview

City Coeur d' Alene

(Give at least three 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	38	1150 lbs.	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8"	+1	39	.250	Steel	☒	☐	☐	☒
6"	+2	295	.250	Steel	☒	☐	☐	☒
4"	-5	600	.200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 39' & 295'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skil saw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
560	600	1/4x8	180	4"	PVC	.200

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 _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 300 Static water level (ft) 300

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

Describe access point Welded Steel Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	10	1 hr.	☐	☐	☒	☐

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
12	0	3	Top Soil		X
12	3	38	Tan Clay		X
8	38	100	Tan Clay		X
8	100	140	Drk Gray Shale		X
8	140	300	Tan Clay		X
6	300	440	Gray Granite	X	
6	440	600	Salt & Pepper Granite	X	

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AUG 12 2015

IDWR / NORTH

Completed Depth (Measurable): 600'

Date Started: Jul 3, 2015

Date Completed: Jul 15, 2015

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 H2O Well Service Inc.

Co. No. 448

*Principal Driller [Signature]

Date 7-21-15

*Driller [Signature]

Date 7-20-15

*Operator II _____

Date _____

Operator I _____

Date _____

* Signature of Principal Driller and rig operator are required.