

APR 10 2018

Form No.42-1409-1 (Internet 5/17)

IDWR/NORTHERN

**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: 95-17558

Date Received: 4/10/18

Receipt No: N033307

Claim Fee: 2500 By: Ja

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) THE COONS FAMILY TRUST Phone (208) 683-6127
Mailing address C/O RICHARD COONS PO BOX 1049 ATHOL ID Zip 83801
Street or Box City State
Email address (optional) VIEWPOINTRC@YAHOO.COM
2. Date of priority: (Only one per claim) 6/15/2011 (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. a. Location of point of diversion is: Township 53N, Range 03W, Section 11,
NE 1/4 of SE 1/4, Govt. Lot _____, BM, County of KOOTENAI
Parcel no. 006550010080
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.

- For _____ DOMESTIC _____ purposes from 1/1 to 12/31 amount 0.04 (cfs) or _____ (acre-feet)
- For _____ purposes from _____ to _____ amount _____ (cfs) or _____ (acre-feet)
- For _____ purposes from _____ to _____ amount _____ (cfs) or _____ (acre-feet)
- For _____ purposes from _____ to _____ amount _____ (cfs) or _____ (acre-feet)
7. Total quantity claimed (a) 0.04 (cfs) and/or (b) _____ (acre-feet)
8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 1 _____
9. Description of place of use:
- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

[illegible]

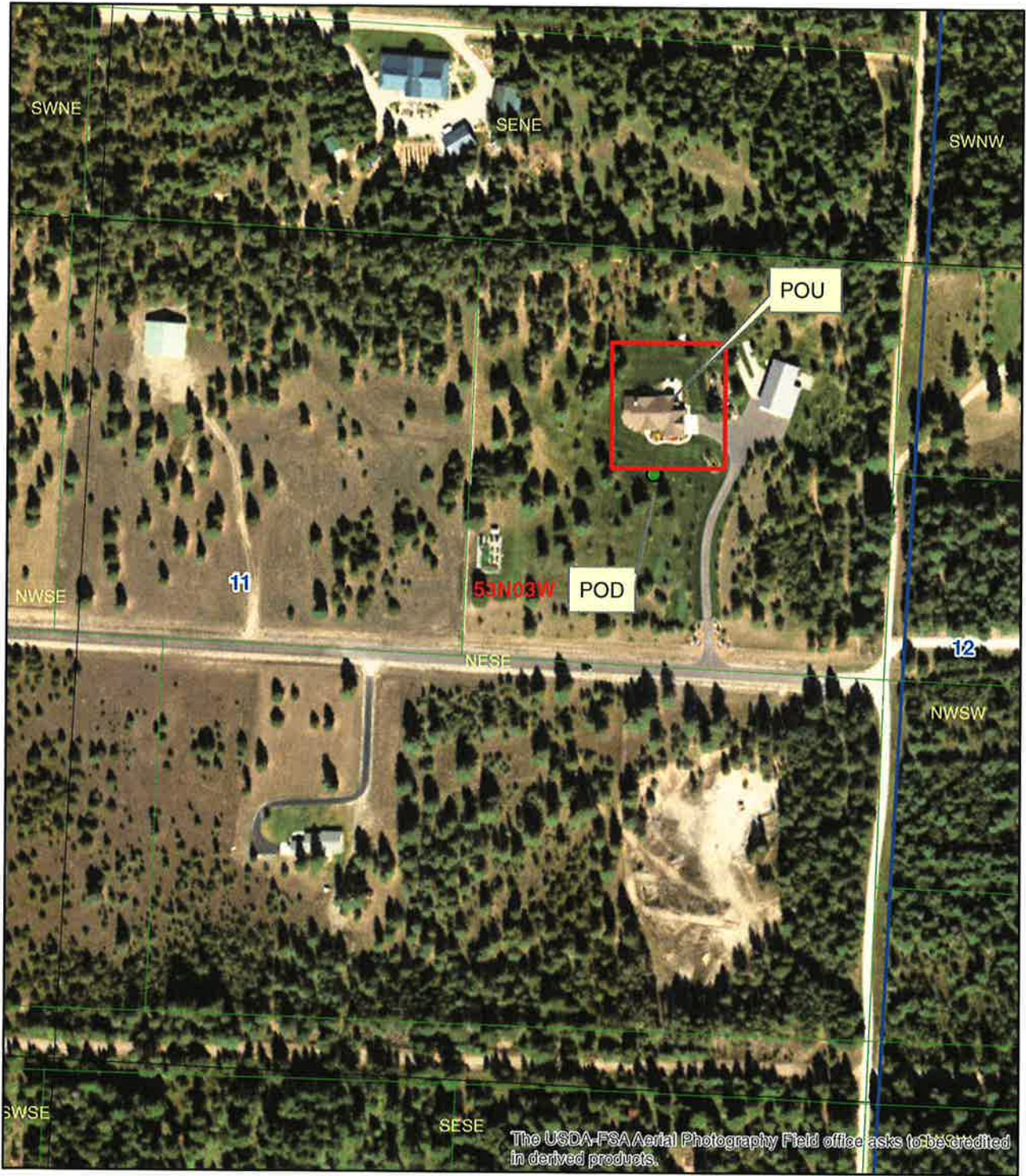
10. In which county(ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (✓) No ()
If your 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 ()

- HOUSE WAS COMPLETED JUNE 15, 2011

Claim ID: _____

APPLICATION MAP



Legend

- Taxlots
- Township/Range
- Sections
- QQ

0 0.025 0.05 0.1 Miles



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 _____

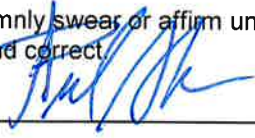
15. **Signature(s)**

(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: _____

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: 4/10/18

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

Agent's title (Please print) _____ of _____
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 on 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 _____

Name of claimant(s) THE COONS FAMILY TRUST

Claim ID _____

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. D0041162

Drilling Permit No:

Other IDWR No.

2. OWNER

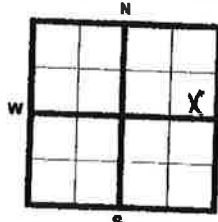
Name WHEELER, JOHNAddress P.O. BOX 1288City HAYDENState ID Zip 83835

Well Number:

1104

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 53N☒ North or ☐ SouthRge. 3W☐ East or ☒ WestSec. 111/4 SE 1/4 NE 1/4

Gov't Lot

County

KOOTENAI

Lat: : : Long: : :

Address of Well Site SCOUT TRAILCity ATHOL

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

Lt. 8

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	20	600 LBX	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) R.B.Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
6	+2	460	.250	STEEL	☒	☐	☒

Length of Headpipe

Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method PERFORATOR
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-450	460	1/4 X 3	60	6	STEEL	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

380 ft. below ground

Artesian pressure lb.

Depth flow encountered

400 ft. Describe access port or

control devices:

11. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
25			1 HR

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: CLEARDepth first Water encountered 400

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	3	Top Soil	☐	☒
10	3	20	Gravels Sand & Tan clay	☐	☒
8	20	70	Gravels, Sand, Tan Clay	☐	☒
8	73	270	Gravels & Sand	☐	☒
8	270	290	Boulder Cobbles & Gravels	☐	☒
8	290	460	Gravels, Sand water @ 400'	☒	☐

RECEIVED

FEB 23 2006

IDWR/North

 Completed Depth 460 (Measurable)
 Date: Started 1/12/2006 Completed 1/17/2006

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 Well Service, Inc. Firm No. 448Firm Official Jim McLeslie Date 1-19-06and Supervisor or Operator Jim McLeslie Date 1/18/06

JIM McLESLIE (Sign Once if Firm Official and Operator)

53N 3W 11