

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 95-10709Date Received: 5/2/02Receipt No: NO 20558Received By: [Signature]

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) DONALD J. & MARLENE DAVIS Phone () _____Mailing Address 5791 W. WINTERHAWK RATHERUM Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) 5/2/02
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 53N, Range 4W, Section 32,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 53N04W325300

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.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from JAN 1 to DEC 31 amount 0.04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs () or AFY ()

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

Stockwater and Number of livestock) 1 HOME

SCANNED
MAY 13 2009

9. Location of Place of Use is: Township 53N, Range 4W, Section 32,

NE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

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? ROOTE NA 1

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:

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 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) Donald J Davis Date: _____

_____ 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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IDaho DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

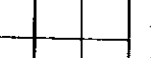
1. WELL TAG NO. D 0022061
 DRILLING PERMIT NO. - - -
 Other IDWR No. - - -

2. OWNER:

Name Don Davis/Alvin Landsgaard
Address 15500 Windsong Lane
City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 53 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 32 $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$
 Gov't Lot _____ County Kootenai
 Lat. : : Long. : :
 Address of Well Site Winter Hawk Dr
off Windler Loop Rd City Twinlakes
 (Give at least name of road - Distance to Road or Landmark)

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	18	11	surface pipe

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

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	443	250	steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe 2ft6inches

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type telescoping
stainless steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
443	448	60		8		☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat: : : Long: : :

☐ Air ☐ Flowing Artesian

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
10		440	

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

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 393 Water

[illegible]

Completed Depth 450 ft (Measurable)
Date: Started 3/1 Completed 5-2-02

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Bronson Water Wells Firm No. 360

Firm Official Clint Benson Date 5/6/02

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)