

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 95-13682Date Received: 2/4/10Receipt No: NO23677Received By: Kem

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) ARIEL Embrey Phone (509) 255 9439

Mailing Address 713 N Dumbarton Oaks Ln Liberty Lake, WA Zip 99019
Street or Box City State

2. Date of Priority: (Only one per claim) Nov 19, 1999
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 29,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. - 8275

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 + pump

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 to Dec 31 amount .04 cfs
Month/Day Month/Day cfs () or AFY ()

For Stock water purposes from Jan to Dec 31 amount .02 cfs
Month/Day Month/Day cfs () or AFY ()

7. Total Quantity claimed .06 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

5 head stock

SCANNED

MAR - 4 2010

9. Location of Place of Use is: Township 29N, Range 4W, Section 29
NW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

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

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 (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.

Spring Water & Conasa Creek or None ()

13. Remarks:

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 () 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) April Embrey by Anthony Embrey (personal Representative) Date: 03-04-10

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. _____

SCANNED
MAR - 4 2010

WELL DRILLER'S REPORT
RECEIVED

076784

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	Long	

1. WELL TAG NO. D10882 DEC 01 1999

Drilling Permit No: 95-99-N-200

Other IDWR No. IDWR/North

2. OWNER

Name EMBREY, ARIEL

Well Number:

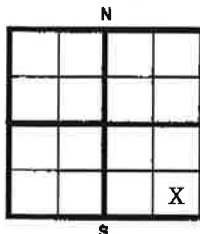
979

Address 5300 COUGAR GULCH RD

City CDA State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 North or South
Rge. 04 East or West
Sec. 29 1/4 SE 1/4 SE 1/4

Gov't Lot County KOOTENAI

Lat: Long:

Address of Well Site SAME AS ABOVE

City CDA

(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	18	7 BAGS	DRY GRANULAR

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 76

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	76	.250	STEEL	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations Method

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure lb.

Depth flow encountered 54 ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			2 HR

Water Temp. COLD Bottom Hole Temp

Water Quality test or comments: CLEAR

Depth first Water encountered 54

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	2	TOPSOIL	☐	☒
10	2	18	Clay Gray W/Sand	☐	☒
8	18	26	Sand W/Clay	☐	☒
8	26	54	Sand W/Clay	☐	☒
8	54	76	Granite Decomposed Soft	☒	☐
8	76	78	Granite Decomposed	☒	☐
6	78	91	Granite White W/Black	☐	☒
6	91	114	Granite White Green W/Black	☒	☐
6	114	123	Granite White W/Black & White Clay	☐	☒
6	123	167	Granite White W/Black	☐	☒
6	167	188	Granite Decomposed	☒	☐
6	188	202	Granite White W/Black & Green	☒	☐

Completed Depth 202' (Measurable)
Date: Started 11/19/99 Completed 11/19/99

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 B20 WellService, Inc. Firm No. 448

Firm Official Date 11/19/99

and Supervisor or Operator Date 11/19/99

(Sign Once if Firm Official and Operator)

(Todd Morgan)

SCANNED
MAR - 4 2010

50N 4W 29