

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 95-15017Date Received: 8/27/10Receipt No: N25513AReceived By: Km

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) Murphy, George ETUX Trustee Phone 208 689-3354Mailing Address 2717 E BADGER Rd HARRISON ID Zip 83833
Street or Box City State2. Date of Priority: (Only one per claim) Nov 12, 2001
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 49N Range 3W Section 32
SW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai
Parcel (PIN) no. -1400

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 1/1 to 12/31 amount .04 CFS
For Stock purposes from 1/1 to 12/31 amount .02 CFS
Month/Day Month/Day cfs () or AFY ()7. Total Quantity claimed .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) One (1) Horse & One (1) Horse

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9. Location of Place of Use is: Township 49N, Range 3W, Section 32,
SW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4
for (Check One) Domestic () Stock () Domestic and Stock (X)

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 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) Jynnda D. Murphy, Trustee Date: 8/27/10

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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Form 20 DEC 10 2001
11/97

IDAHO DEPARTMENT OF WATER RESOURCES

IDWR/Non

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0017977
DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER: George Murphy
Name 2717 East Badger RD.
Address Harrison State ID Zip 83833
City _____

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E
S

	X	

Twp. 49 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 32 1/4 3/4 1/4 N/E 1/4
Gov't Lot _____ 10 acres _____ 40 acres _____ 160 acres _____
County Kootenai
Lat: _____ Long: _____
Address of Well Site Carlen Bay
R.D. + Badger RD City Harrison
(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	60	155X		Pour around Pipe

Was drive shoe used? ☒ N ☐ Shoe Depth(s) 126
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" +2	-126	250		Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method Topch

Screens

Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
95	126	1/4"	20	6"	Steel	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

75 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 95 ft. Describe access port or control devices: Well Cap

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8 g.p.m.	air lift	from 150	

Water Temp. 62° Bottom hole temp. _____
Water Quality test or comments: Cloudy + Clearing no odor

Depth first Water Encounter 95

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	5	Clay - Red		
	5	13	Clay - Tan		
	13	24	Clay - Red		
	24	33	Clay - Tan		
	33	40	Clay - Yellow - Sandy		
	40	56	Clay - Tan - Sandy		
	56	85	Clay - Gray		
	85	95	Shale - Gray		
	95	100	Shale - Broken 2 gal	X	
	100	125	Basalt - Broken w/water	X	
	125	140	Basalt Broken		
	140	150	Clay Gray		

formation Packer on 6" Casing @ 90'

Completed Depth 150 (Measurable)
Date: Started 11-9-01 Completed 11-12-01

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 All-Ways Drilling Inc. Firm No. 510

Firm Official Stanley K. Wolf Date 12-4-01

and Driller or Operator Alvin Carr Date 12-2-01

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

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