

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: 95-14448
Date Received: 4/10/2018
Receipt No: N022965
Claim Fee: \$260 By: _____

RECEIVED
APR 10 2018
IDWR/NORTHERN

AMENDED
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

Please type or print clearly

1. Name of claimant(s) ROBERT AND PATRICIA CROSSMAN LIVING TRUST Phone (208) 659-7535
Mailing address PO BOX 1895 HAYDEN ID 83835
Street or Box City State Zip
Email address (optional) sundancer1750@gmail.com
2. Date of priority: (Only one per claim) 10/1/2017 (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 49N, Range 04W, Section 19,
SW 1/4 of NW 1/4, or Govt. Lot 2 BM, County of KOOTENAI;
Parcel no. 49N03W193650
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 THREE SPIGOTS
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 0.02 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
Month/Day Month/Day
7. Total quantity claimed 0.02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR CAMPER AND LAWN IRRIGATION OF LESS THAN 1/2 ACRE

9. Location of place of use is: Township 49N, Range 03W, Section 19,
SW 1/4 of NW 1/4, Govt. Lot 2 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.

_____ or None (✓)

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

DATE HOOKED TO WELL AND BENEFICIAL WATER USE BEGAN ON PROPERTY

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 _____

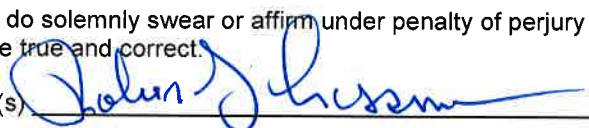
15. Signature(s)

(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)  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 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 _____

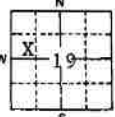
Name of claimant(s) ROBERT AND PATRICIA CROSSMAN LIVING TRUST Claim ID _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

RECEIVED
FEB 03 1994
TYPEWRITER OR
BALLPOINT PEN

1. WELL OWNER Name <u>MR BOB CROSSMAN</u> Address <u>S30 W30 176 SUNSET DR. Waukesha, WI 53183</u> Drilling Permit No. <u>95-93-N-175-000</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>430</u> feet below land surface. Well flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																																																																																																							
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)		8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Air ☐ Other _____																																																																																																																							
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <u>89691</u>																																																																																																																							
4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)		<table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>10</td><td>0</td><td>2</td><td>TOPSOIL SILT CLAY</td><td></td><td>x</td></tr><tr><td>10</td><td>2</td><td>18</td><td>BASALT BLK MED HARD</td><td></td><td>x</td></tr><tr><td>8</td><td>18</td><td>37</td><td>BASALT BLK MED HARD</td><td></td><td>x</td></tr><tr><td>8</td><td>37</td><td>94</td><td>BASALT BRWN BROKEN</td><td></td><td>x</td></tr><tr><td>8</td><td>94</td><td>152</td><td>CLAY TAN BRWN</td><td></td><td>x</td></tr><tr><td>8</td><td>152</td><td>165</td><td>CLAY YELLOW COURSE SAND</td><td>x</td><td></td></tr><tr><td>8</td><td>165</td><td>195</td><td>CLAY YELLOW SOFT</td><td></td><td>x</td></tr><tr><td>8</td><td>195</td><td>250</td><td>CLAY BRWN HARD</td><td></td><td>x</td></tr><tr><td>8</td><td>250</td><td>380</td><td>BASALT BLK MED HARD</td><td></td><td>x</td></tr><tr><td>8</td><td>380</td><td>385</td><td>BASALT BLK SOFT</td><td></td><td>x</td></tr><tr><td>8</td><td>385</td><td>495</td><td>BASALT BLK HARD</td><td></td><td>x</td></tr><tr><td>8</td><td>495</td><td>510</td><td>BASALT BLK MED HARD</td><td></td><td>x</td></tr><tr><td>8</td><td>510</td><td>513</td><td>BASALT BLK FRACTURE SAND</td><td></td><td>x</td></tr><tr><td>8</td><td>513</td><td>517</td><td>BASALT BLK BROKEN</td><td>x</td><td></td></tr><tr><td>5.5</td><td>517</td><td>603</td><td>BASALT BLACK HARD</td><td></td><td>x</td></tr><tr><td>5.5</td><td>603</td><td>607</td><td>BASALT BLK MED HARD</td><td></td><td>x</td></tr><tr><td>5.5</td><td>607</td><td>615</td><td>BASALT BLK BROKEN</td><td>x</td><td></td></tr><tr><td>5.5</td><td>615</td><td>623</td><td>BASALT BLK MED HARD</td><td></td><td>x</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	10	0	2	TOPSOIL SILT CLAY		x	10	2	18	BASALT BLK MED HARD		x	8	18	37	BASALT BLK MED HARD		x	8	37	94	BASALT BRWN BROKEN		x	8	94	152	CLAY TAN BRWN		x	8	152	165	CLAY YELLOW COURSE SAND	x		8	165	195	CLAY YELLOW SOFT		x	8	195	250	CLAY BRWN HARD		x	8	250	380	BASALT BLK MED HARD		x	8	380	385	BASALT BLK SOFT		x	8	385	495	BASALT BLK HARD		x	8	495	510	BASALT BLK MED HARD		x	8	510	513	BASALT BLK FRACTURE SAND		x	8	513	517	BASALT BLK BROKEN	x		5.5	517	603	BASALT BLACK HARD		x	5.5	603	607	BASALT BLK MED HARD		x	5.5	607	615	BASALT BLK BROKEN	x		5.5	615	623	BASALT BLK MED HARD		x
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5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness <u>.250</u> inches Diameter <u>6</u> inches From <u>2</u> feet To <u>516</u> feet <u>160</u> psi inches <u>4</u> pvc inches <u>503</u> feet <u>623</u> feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No Skill saw How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? <u>6</u> inches by <u>1/4</u> inches Number _____ From _____ To _____ <u>120</u> perforations <u>583</u> feet <u>623</u> feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____		10. Work started <u>08/31/93</u> finished <u>09/10/93</u>																																																																																																																							
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> Address of Well Site <u>Driftwood dr.</u> (give at least name of road) SW <u>1/4</u> NW <u>1/4</u> Sec. <u>19</u> T. <u>4</u> N ☒ S ☐ R. <u>3</u> E ☐ or W ☒		11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>H2O WELL SVC. INC.</u> Firm No. <u>#448</u> Address <u>582 W HAYDEN AVE</u> Date <u>09/15/93</u> Signed by Drilling Supervisor <u>[Signature]</u> and <u>[Signature]</u> (Operator) <u>[Signature]</u> (if different than the Drilling Supervisor)																																																																																																																							

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT